

State-Mandated Health Insurance Benefits and Health Insurance Costs in Massachusetts

Prepared for

**Division of Health Care Finance and Policy
Commonwealth of Massachusetts**

Prepared by

Compass Health Analytics, Inc.

July 7, 2008



State-Mandated Health Insurance Benefits and Health Insurance Costs in Massachusetts

Table of Contents

<i>Executive Summary</i>	<i>i</i>
<i>Introduction and Background</i>	<i>1</i>
<i>Methodology and Data Sources</i>	<i>5</i>
<i>Project Organization and Study Design</i>	<i>5</i>
<i>Population Definition</i>	<i>9</i>
<i>Methodology for Primary Data Analysis</i>	<i>11</i>
<i>Methodology for Secondary Data Analysis</i>	<i>18</i>
<i>Results</i>	<i>19</i>
<i>Detailed Primary Data Collection Results</i>	<i>19</i>
Contraceptive Services.....	20
Diabetes-related Services and Supplies	21
Early Intervention Services	22
Home Health Care.....	24
Hormone Replacement Therapy (HRT).....	26
Human Leukocyte Antigen Testing (HLA)	27
Infertility Treatment.....	28
Low Protein Foods (LPF)	29
Mental Health Care	30
Nonprescription Enteral Formulas	31
Speech and Audiology Services.....	32
Chiropractic Services.....	34
Scalp Hair Prostheses.....	35
<i>Aggregated Results of Primary Data Analysis</i>	<i>36</i>
<i>Secondary Data Collection Results</i>	<i>38</i>
Alcoholism Rehabilitation	39
Bone Marrow Transplants for Treatment of Breast Cancer	39
Cardiac Rehabilitation	39
Clinical Trials for Treatment of Cancer	41
Cytological Screening (Pap Smear)	42
Hearing Screening for Newborns.....	43
Hospice Care	44
Lead Poisoning Screening.....	44
Mammography	45
Maternity Health Care.....	46
Preventive Care for Children up to Age 6.....	47
Off-label Use of Prescription Drugs to Treat Cancer and Off-label Use of Prescription Drugs to Treat HIV/AIDS	48
<i>Aggregated Results of Secondary Data Analysis</i>	<i>49</i>
<i>Discussion and Conclusions</i>	<i>49</i>

<i>Exhibit 1</i>	53
<i>Appendices</i>	55
<i>Appendix A: State-by-State Mandate Comparison</i>	56
<i>Appendix B: Estimates of Population Subsets</i>	58
<i>Appendix C: Data Pull Matrix</i>	62

This report prepared by James Highland, Ph.D., with assistance from John Kelly, M.B.A., F.S.A., Andrea Clark, M.S., Joshua Roberts, and Brock Griffin. The project was supervised by Maria Schiff, formerly of the Massachusetts Division of Health Care Finance Policy, and has benefited greatly from the assistance of staff at The Division and staff at the participating health plans.

State-Mandated Health Insurance Benefits and Health Insurance Costs in Massachusetts

Executive Summary

In April, 2006, the Massachusetts Health Reform legislation, known as Chapter 58, was signed into law. It mandates that all individuals in the Commonwealth obtain health insurance coverage by July 1, 2007, and contains a number of provisions intended to make the expansion in coverage affordable. These provisions include a freeze on mandated benefits, i.e., a freeze on laws which require inclusion of specific benefits in policies regulated by the Massachusetts Division of Insurance. It also contains a provision directing the Executive Office of Health and Human Services to carry out a study estimating the costs and efficacy of services covered by existing benefit mandate laws in Massachusetts.

The Division of Health Care Finance and Policy within the Executive Office of Health and Human Services (The Division) contracted with Compass Health Analytics, Inc. (Compass) to carry out the cost portion of the study, that is, a study on the impact of mandated benefit laws on health insurance costs in the Commonwealth. This report summarizes the approach taken and the results of the study carried out by Compass and coordinated by staff at The Division.

The study estimates health care costs only for that part of the population in Massachusetts with health insurance subject to health benefit mandate laws, that is, with coverage in fully-insured commercial products regulated by the Massachusetts Division of Insurance. Costs associated with mandated benefits are a subset of the total health care costs for this population. Excluded completely from the cost estimates in this study are costs associated with self-insured plans, which are not regulated by The Division of Insurance and not subject to the benefit mandate laws.¹

¹ As discussed below, costs from self-insured plans were used as a point of comparison to fully-insured costs in developing a lower bound estimate of marginal cost of the mandated benefits.

The cost implications of 26 mandates are assessed in this report, thirteen by analysis of primary data and thirteen by analysis of secondary data. Two mandates enacted late in 2006 (hypodermic needles and syringes and prosthetic devices) were not included in the analysis because such analysis was beyond the scope of the project, the purpose of which was to analyze all mandates in effect January 1, 2006. The analysis of the primary data mandates had the following characteristics:

- The mandate covered benefits which were judged to be currently clinically relevant (and in some cases controversial, e.g., hormone replacement therapy) and being drawn on and paid for by the plans;
- The services related to the mandate could be readily identified and extracted from claim history files.
- The cost measurement specifications had extensive input from clinical and other resources at the four participating health plans: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Health Plan, and Fallon Community Health Plan.
- The workgroup participants from these four plans deemed the benefits for these thirteen mandates to be in place at least partly because of the mandate law, so that at least part of the cost for these mandated services was directly related to the presence of the mandate legislation.
- There was execution of a careful process of specification development and quality control on the claim extracts received from the plans.
- Computation of the required direct cost (RDC) – the total costs of the benefits described in the mandate laws – implied by the required benefits was relatively precise and for 11 of the 13 allowed for specific statistics on use rates, service categories, and other useful information related to the specific profile of services comprising the mandated benefit.
- Suggestive information about the portion of the RDC for each mandate that might be attributable to the mandate law (marginal direct cost) was derived by comparison of the fully-insured population results to claim experience in self-insured plans not subject to the mandate laws.

- Analysis of two of the thirteen primary data mandates drew on summary data from studies conducted previously by The Division that were based on claim data from the plans.

The primary mandates are estimated to have RDCs of \$687 million, which is \$19.09 per member per month (PMPM) and 6.4% of premium. The RDCs are summarized below in Table E1.

Table E1
Annual Required Direct Cost* Summary of Primary Data Mandates
Based on 2004-2005 Data**

Mandate	Required Direct Cost Claims PMPM	Required Direct Cost PMPM w/Admin	Percent of Premium	Required Direct Annual Cost Total Dollars (000s)
Chiropractic Services	\$ 0.31	\$ 0.36	0.12%	\$ 12,806
Contraception	\$ 1.14	\$ 1.33	0.44%	\$ 47,756
Diabetes	\$ 1.28	\$ 1.49	0.50%	\$ 53,507
Early Intervention	\$ 0.98	\$ 1.14	0.38%	\$ 41,033
Home Health	\$ 4.98	\$ 5.80	1.93%	\$ 208,536
HRT	\$ 0.14	\$ 0.16	0.05%	\$ 5,824
HLA	\$ 0.09	\$ 0.10	0.03%	\$ 3,633
Infertility	\$ 2.31	\$ 2.68	0.89%	\$ 96,469
Low Protein	\$ 0.01	\$ 0.01	0.00%	\$ 336
Mental Health	\$ 5.70	\$ 6.63	2.21%	\$ 238,576
Nonprescription	\$ 0.02	\$ 0.02	0.01%	\$ 814
Scalp Hair Prostheses	\$ 0.01	\$ 0.01	0.00%	\$ 263
Speech/Hearing	\$ 0.03	\$ 0.03	0.01%	\$ 1,160
TOTAL***	\$ 16.42	\$ 19.09	6.36%	\$ 686,650

* Required direct cost measures the expenditures for the benefit described in each mandate but does not remove from this cost the amount that would be provided in the absence of a legal mandate, and thus does not represent the cost impact of the mandate law.

**Chiropractic and Scalp Hair prostheses were analyzed using previously prepared studies based on 2003 data.

***Overlapping coverage between mandates has been removed from the total (see Table 4).

The thirteen mandates analyzed with secondary data had the following characteristics:

- The mandates (i) were judged to require benefits that the plans would be likely to provide regardless of the mandate law (due to cost effectiveness, popularity with customers, or redundancy with Federal mandates), or (ii) had become clinically obsolete and were no longer utilized, or (iii) were not feasibly measurable or distinguishable from other covered benefits. As a result, for purposes of this

study we assume that the marginal cost associated with the existence of these specific mandates is zero.

- Aggregate estimates of RDC were calculated using literature-based parameters and other secondary data that established general magnitudes of RDC for each of the thirteen mandated benefits.
- Most estimates came from a combination of national and Massachusetts data that required adjustment to be applicable to the commercial fully-insured under-65 population in Massachusetts.
- RDC estimates for these mandates were less precise than those calculated in the primary data analysis from actual Massachusetts claims experience for the commercial fully-insured under-65 population covered by the mandates.
- Calculating marginal direct cost was not necessary as it was assumed to be zero.

The mandates analyzed with secondary data are estimated to have RDCs of \$631 million, which is \$17.53 PMPM and 5.8% of premium. The RDCs for these 13 mandates are presented in Table E2.²

Table E2
Annual Required Direct Cost* Summary of Secondary Data Mandates
Adjusted to 2004-2005

<u>Mandate</u>	<u>Required Direct Cost Claims PMPM</u>	<u>Required Direct Cost PMPM w/Admin</u>	<u>Percent of Premium</u>	<u>Required Direct Annual Cost Total Dollars (000s)</u>
Alcoholism Rehabilitation	\$ -	\$ -	0.00%	\$ -
Bone Marrow Transplants for Treatment of Breast Cancer	\$ -	\$ -	0.00%	\$ -
Cardiac Rehabilitation	\$ 0.10	\$ 0.11	0.04%	\$ 4,099
Clinical Trials for Treatment of Cancer	\$ 0.07	\$ 0.08	0.03%	\$ 2,907
Cytologic Screening (Pap Smear)	\$ 1.07	\$ 1.25	0.42%	\$ 44,923
Hearing Screening for Newborns	\$ 0.05	\$ 0.06	0.02%	\$ 2,152
Hospice Care	\$ 0.16	\$ 0.18	0.06%	\$ 6,648
Lead Poisoning Screening	\$ 0.14	\$ 0.16	0.05%	\$ 5,894
Mammography	\$ 0.99	\$ 1.15	0.38%	\$ 41,262
Maternity Health Care (including minimum maternity stay)	\$ 9.61	\$ 11.18	3.73%	\$ 402,071
Preventive Care for Children up to Age 6 (including specific newborn testing)	\$ 2.89	\$ 3.36	1.12%	\$ 120,745
Off-label Use of Prescription Drugs to Treat Cancer	\$ -	\$ -	0.00%	\$ -
Off-label Use of Prescription Drugs to Treat HIV/AIDS	\$ -	\$ -	0.00%	\$ -
TOTAL	\$ 15.08	\$ 17.53	5.84%	\$ 630,700

* Required direct cost measures the expenditures for the benefit described in each mandate but does not remove from this cost the amount that would be provided in the absence of a legal mandate, and thus does not represent the cost impact of the mandate law.

² As discussed in the body of the report, measurement for some mandates was either redundant or not feasible. These mandates appear as zeroes in Table E2.

The 26 mandates in total represented in 2004-2005 approximately \$1.32 billion in required direct cost, or 12.2% of the average fully-insured commercial premium in the Commonwealth. However, the required direct cost, which is simply the total cost of all the benefits described in the mandates, overstates the impact of the mandate legislation since some or most of these benefits would be offered voluntarily even without the legal requirement. The scope of this study does not allow careful measurement of the marginal direct cost produced by the mandate laws – that is, the cost over and above what would be spent voluntarily without the laws in place. However, the range of possibilities for the amount of marginal direct cost can be narrowed down significantly.

The 13 mandates analyzed with secondary data have an estimated RDC of \$631 million, but as discussed above, we have assumed for purposes of this study that the marginal cost is zero. The RDC for the 13 mandates studied with primary data is estimated to be \$687 million. The upper bound for the marginal cost of these mandates is \$687 million, the full RDC (i.e., all costs are attributable to the imposition of the mandate). A lower bound for marginal cost was calculated using summary level comparisons produced by the participating plans for self-insured commercial accounts, which are not subject to the mandate laws. The difference between the self-insured and the fully-insured PMPM results represents a lower bound to the mandate impact, since the mandate laws put upward pressure on the benefits offered in self-insured firms. The marginal impact implied by these differences is \$132 million, or 19% of the \$687 million RDC of these mandates.

The RDC for all 26 mandates is \$1.32 billion. However, no more than \$687 million and possibly as little as \$132 million of this cost is marginal direct cost, that is, cost arising directly from the mandate legislation. As a percentage of premium, the marginal direct cost, then, is somewhere in the range of 1.2% to 6.4% of premium. Table E3 displays medical costs in the fully-insured population for each percent of premium in this range.

Table E3
Cost Implications of Impact Assumptions

Percent of Premium	PMPM	Dollars (millions)
1%	\$ 3.00	\$ 108
2%	\$ 6.00	\$ 216
3%	\$ 9.00	\$ 324
4%	\$ 12.00	\$ 432
5%	\$ 15.00	\$ 540
6%	\$ 18.00	\$ 648
7%	\$ 21.00	\$ 756

While the range in Table E3 is relatively wide, and the scope of this study does not allow an empirical basis for narrowing the range, the actual direct cost impact is likely to be somewhere in the middle part of the range. As self-insured employers must compete in the labor market with fully-insured employers whose health insurance policies must include the mandated benefits, self-insured benefits are likely to be significantly influenced by the presence of the mandate laws and the laws' effect on benefit structures at competing employers. Therefore it is likely that the 1.2% of premium in fully-insured cost levels over and above self-insured cost levels significantly understates the true impact. At the same time, it is unlikely that popular or cost-effective benefits like mental health and diabetes care would be completely removed from policies if the mandate laws were not in place, making 6.4% of premium (which assumes all costs of the thirteen mandates in the primary data group are marginal direct cost) a likely overstatement of the impact. Based on the foregoing discussion, mid-range estimates in the three to four percent of premium (roughly \$300 million to \$400 million annually) range, while not empirically supported, may be a reasonable estimate of the mandate laws' marginal impact on health care costs directly associated with the covered benefits described in the laws.

State-Mandated Health Insurance Benefits and Health Insurance Costs in Massachusetts

Introduction and Background

In April, 2006, the Massachusetts Health Reform legislation, known as Chapter 58, was signed into law. It mandates that all individuals in the Commonwealth obtain health insurance coverage by July 1, 2007, and contains a number of provisions intended to make the expansion in coverage affordable. These provisions include a freeze on mandated benefits, i.e., a freeze on laws which require inclusion of specific benefits in policies regulated by the Massachusetts Division of Insurance. It also contains a provision directing the Executive Office of Health and Human Services to carry out a study estimating the costs and efficacy of services covered by existing benefit mandate laws in Massachusetts.

The Division of Health Care Finance and Policy within the Executive Office of Health and Human Services (The Division) contracted with Compass Health Analytics, Inc. (Compass) to carry out the cost portion of the study, that is, a study on the impact of mandated benefit laws on health insurance costs in the Commonwealth. This report summarizes the approach taken and the results of the study carried out by Compass and coordinated by staff at The Division.

This study estimates health care costs only for that part of the population in Massachusetts with health insurance subject to health benefit mandate laws, that is, with coverage in fully-insured products regulated by the Massachusetts Division of Insurance. Costs associated with mandated benefits are a subset of the total health care costs for this population. In order to discuss the costs related to mandate laws, it will be helpful to define terminology for the purpose of this report. The general cost concepts defined below will aid in interpreting the results of the study. In practice these cost sub-categories are difficult to measure, and no precise measurement of these cost breakouts

can be achieved within the scope of this project. There are two general types of costs that may be associated with any mandate:

- **Required direct costs.** These are the costs of services used and paid for by the regulated insurance plans that are explicitly described in a mandate law, whether or not some portion of the costs would be incurred in the absence of the mandate. These costs are the primary focus of this study, and are the most easily measurable. Required direct costs (RDCs) are the sum of *base direct costs* and *marginal direct costs*.
 - *Base direct costs* are those costs that would be present even if the mandate law were not in force. Mandate laws may require benefits that are already being provided (in part or in whole) voluntarily.
 - *Marginal direct costs* are those additional costs beyond the base direct costs that the imposition of the mandate produces.

While we can measure RDCs reasonably, measuring their breakdown into base and marginal costs is far more difficult. As a hypothetical example of the distinction between base and marginal direct costs, if a mandate law requiring coverage of an annual blood cholesterol test were passed, additional (marginal) costs for this service would likely result, but significant dollars are already being spent (base direct costs) for this service. Measurement of the RDC for this mandate after passage of the law could be calculated as the number of persons receiving the test once or more per year, times the average cost per test. The resulting RDC would contain a mix of base and marginal RDC, since some portion of the cost would have been incurred if the mandate law were never enacted. This study provides some information which may be useful in understanding the proportion of the required direct costs that are marginal.

- **Indirect costs.** Indirect costs are those that may be added (“positive cost”) as a result of the delivered services associated with the mandate (e.g., costs of additional complicated births associated with fertility treatment) or those services avoided (“negative cost”) as a result of the mandate (e.g., fewer emergency department visits for diabetics due to coverage for diabetes services and supplies).

In order to measure the true cost impact of a mandate law on the regulated insurance product costs, one would need to include only marginal costs, which would consist of marginal direct costs and marginal indirect costs (those indirect costs associated with the marginal utilization produced by the mandate law). Since marginal indirect costs may be either positive or negative, the net impact of any one mandated benefit on total costs may be either increasing or decreasing, depending on how much of the direct cost associated with the mandate is marginal (i.e., attributable to the imposition of the mandate), whether indirect costs are positive or negative on net, and the size of those indirect costs relative to the direct costs. Some multivariate studies comparing benefit mandates and cost levels across states have shown that some specific mandated benefits decrease costs on net, while others increase costs on net.³

The scope of this report does not include evaluation of indirect costs and does not attempt to measure precisely the amount of RDC that is marginal. As a result, it is not possible to ascertain from the information in this study the net impact on health care costs in the Commonwealth associated with the mandate laws, but previous research suggests that total RDCs will significantly overstate the net effect of the mandates and that the impact of mandate laws on insurance levels will not be directly inferable from the RDC estimates contained herein.⁴ This report does present a comparison of the fully-insured population RDCs to the RDCs observed in the Massachusetts' self-insured sector (not subject to the mandate laws), which provides one estimate of the marginal differences (that is, net direct cost impact) introduced by the mandate legislation. In that employers in Massachusetts that self-insure must compete in the labor market with fully-insured firms that must offer the mandated benefit package, the benefits in the self-insured firms are likely to be richer than they would be in the absence of the mandate laws. This competitive labor market effect would shrink the cost difference between fully-insured and self-insured plans and understate (or provide a lower bound for) the implied impact of benefit laws on health care costs. The lower bound impact results presented in this

³ See for example, Gabel, Jon; Jensen, Gail. "The Price of State Mandated Benefits," *Inquiry* 26, (Winter 1989), pp. 419-431.

⁴ Gruber, Jonathan. "State-Mandated Benefits and Employer-Provided Health Insurance." *Journal of Public Economics*, Vol. 55 (1994), pp.433-464.

report are consistent with the notion that required direct cost estimates are far larger than marginal estimates.

The cost impact of mandates is of interest for its own sake as well as for the potential impact on the levels of the uninsured. To the extent that additional costs are added to the system by mandated benefit laws, these costs add to health insurance premiums, which some assert aggravates a spiral of cost and levels of uninsured. Improving the understanding of costs associated with mandated benefits is a step in the direction of understanding how significant a role these laws may play in levels of insurance coverage. This report does not address the question of the impact of costs on levels of uninsured. Given that there is a well-documented, if small, negative price elasticity of demand for health insurance, higher premium levels may induce reductions in coverage on the margin.⁵ These reductions may come in the form of electing plans with higher consumer cost sharing or in the form of dropping coverage. Higher premiums also may affect the decision to offer coverage by small firms.⁶ However, a more direct test of mandate laws' impact on insurance coverage levels in small firms did not find a causative relationship due to the presence of the more expensive benefits even in the absence of regulation. In the terminology defined above, marginal costs were not significant, due to some combination of (i) high direct *base* costs relative to the *marginal* direct costs induced by the mandates and (ii) offsetting indirect costs, such that the overall marginal costs did not significantly impact coverage levels. The study focused on a subset of mandates that were significant in their scope of required services (e.g., mental health), and also identified methodological flaws in earlier studies that had found cost-increasing impacts of mandate laws.⁷ In summary, this report measures RDCs but makes no attempt to assess the relationship between RDC and levels of insurance coverage, nor does the research literature provide clear support for such a relationship.

⁵ Feldman, Roger; Dowd, Bryan. "A New Estimate of the Welfare Loss of Excess Health Insurance." American Economic Review, Vol. 81, No. 1 (Mar., 1991), pp. 297-301.

⁶ Feldman, Roger; Dowd, Bryan; Leitz, Scott; Blewett, Lynn A. "The Effect of Premiums on the Small Firm's Decision to Offer Health Insurance." Journal of Human Resources, Vol. 32, No. 4 (Autumn, 1997), pp. 635-658.

⁷ Gruber, *op. cit.*

The measurement of costs in this study was carried out in one of two ways (the distinction is discussed further below) for the mandated benefit laws currently in effect in Massachusetts summarized in the attached Exhibit 1.⁸ The exhibit displays 26 mandated benefit laws, and describes in summary fashion the requirements of the mandate. Appendix A contains a state-by-state comparison of mandate laws, indicating which states require each specific benefit type.

Methodology and Data Sources

Project Organization and Study Design

The mandates listed in Exhibit 1 were identified by Division staff; this list provided the starting point for the study. Two mandates enacted late in 2006 (hypodermic needles and syringes and prosthetic devices) were not included in the analysis because such analysis was beyond the scope of the project, the purpose of which was to analyze all mandates in effect January 1, 2006. In the initial project discussions, it was decided that major health plans in Massachusetts would be approached to participate in the study design. Four plans were included in the working group that cooperated in the study:

- Blue Cross Blue Shield of Massachusetts
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Tufts Health Plan

Government relations staff at each plan served as contact points, and a variety of other staff participated, including medical directors, other clinical experts, actuarial staff, and data management and analysis staff. In addition, the Massachusetts Association of Health Plans (MAHP) provided assistance with coordination and communication with its participating member plans.

⁸ This list includes only mandated benefits. This study does not address provider mandates or population coverage mandates.

The participation of the plans in Massachusetts allowed us to address two significant shortcomings in other state-level impact analyses that were reviewed prior to commencing the study.⁹ First, the data used in the study are specifically from Massachusetts, rather than from national data or from data in other states. The data collected represent approximately 70% of the fully-insured population in Massachusetts.¹⁰ Second, the data allow measurement specifically of the fully-insured population, and allow for a comparison to the self-insured (unregulated and not subject to mandate laws) population, rather than inappropriately mixing these populations together.

The first discussions with the working group focused on reviewing the list of mandates for completeness and identifying methods of obtaining data for cost estimation. It was agreed that extraction of claim data from the plans would be the best approach, but it was also clear that this would require significant effort on the part of the plans if all 26 mandates were to be studied this way. In order to reduce the burden on the plans to a reasonable level a prioritization process was conducted, during which mandates were categorized into one of two groups. The first group consisted of mandates which were considered by the plans to be most relevant for the study due to meeting the following criteria:

- The mandate required benefits which were judged likely to be reduced or eliminated if the mandate were to be repealed;
- The mandate covered benefits which were judged to be currently clinically relevant (and in some cases controversial, e.g., hormone replacement therapy) and being drawn on and paid for by the plans;
- The services related to the mandate could be readily identified and extracted from claim history files.

⁹ See for example, Kominski, GF, et. al. “The California Cost and Coverage Model: Analyses of the Financial Impacts of Benefit Mandates for the California Legislature.” Health Services Research, Vol. 41, Number 3, June 2006, Part II.

¹⁰ As discussed further below, the participating plans represent a greater proportion than 70% of covered lives, however, some accounts had to be excluded from the data sample.

The mandates meeting these criteria were included in the portion of the study that relied on primary claim data analysis using claims extracted by the plans.¹¹ The mandates included in the primary data analysis are shown in Table 1 below:

Table 1
Mandates in Primary Data Analysis

Mandate
Chiropractic Services
Contraceptive services
Diabetes-related Services and Supplies
Early Intervention Services
Home Health Care
Hormone Replacement Therapy (HRT)
Human Leukocyte Antigen Testing
Infertility Treatment
Low Protein Food Products for Inherited Amino Acid and Organic Acid Diseases (PKU)
Mental Health Care
Nonprescription Enteral Formulas
Scalp Hair Prostheses for Cancer Patients
Speech, Hearing and Language Disorders

In the terminology defined above, these mandates were expected to have both required direct cost and marginal direct cost greater than zero, and thus were the focus of more precise measurement using claims data.

The mandates failing to meet one or more of the criteria listed above were included in the secondary data analysis portion of the study. Cost estimates for these mandates were produced using secondary data sources (e.g., literature review) where possible. These mandates (i) were judged to require benefits that the plans would substantially provide regardless of the mandate law, or (ii) had become clinically obsolete, or (iii) were not feasibly measurable. The mandates analyzed using secondary data sources are shown in Table 2 below.

¹¹ The Division had recently studied two of the mandates (chiropractic care and scalp hair prosthesis) using primary data obtained from the plans' claims files. For these two mandates, the completed studies were used as the data source, rather than re-extracting claim information.

Table 2
Mandates in Secondary Data Analysis

Mandate
Alcoholism Rehabilitation
Bone Marrow Transplants for Treatment of Breast Cancer
Cardiac Rehabilitation
Clinical Trials for Treatment of Cancer
Cytologic Screening (Pap Smear)
Hearing Screening for Newborns
Hospice Care
Lead Poisoning Screening
Mammography
Maternity Health Care (including minimum maternity stay)
Preventive Care for Children up to Age 6 (including specific newborn testing)
Off-label Uses of Prescription Drugs to Treat Cancer
Off-label Uses of Prescription Drugs to Treat HIV/AIDS

Alcoholism treatment was judged to be redundant with the mental health mandate, which was included in the set of mandates analyzed using primary data. Treatment of breast cancer using bone marrow transplant was demonstrated to be clinically obsolete by analysis of Commonwealth employee claims, and thus was assumed to no longer have marginal cost to the system. Two mandates were judged to be not measurable within the scope of the current study: Off-label uses of prescription drugs to treat HIV/AIDS and off-label uses of prescription drugs to treat cancer. Because the off-label uses of prescription drugs are not considered monitorable or manageable, elimination of these mandates would be likely to have little effect on utilization. The remaining mandates in Table 2 were judged to be benefits the plans would likely pay for even if the state mandate law was repealed, due to proven cost-effectiveness, demand from members, or redundancy with federal mandates. To summarize, for the reasons described, in all cases the marginal cost (i.e., cost caused by the presence of the mandate law) associated with the mandates in Table 2 is assumed to be zero for purposes of this study.

The methodologies used in the analysis of both the primary and secondary data sources are discussed in detail further below.

Population Definition

Laws mandating insurance benefits in the Commonwealth of Massachusetts vary slightly in the population to which they apply. Characteristics of the populations common to all of the mandates are:

- Commercially insured
- Fully-insured contracts
- Non-Medicare
- Under age 65

Excluded from the population are all individuals covered under self-insured policies (i.e., the employer retains the risk for medical expenditures and uses the insurer to provide administrative functions), as these policies are regulated under Federal ERISA legislation, not the Massachusetts Division of Insurance, and thus are not subject to the mandate laws.¹² The definition also excludes individuals with Medicare coverage and commercial “Medigap” policies, as these policies are tied to Federal Medicare benefits and cover patient cost-sharing within the Medicare benefit structure. MassHealth, the Massachusetts Medicaid program, is also not required to follow the mandate requirements.

One dimension across which mandates vary in their covered population is geographic location. There are four possible general combinations of employer and employee location:

- Subscriber resides in Massachusetts and employer located outside Massachusetts
- Subscriber resides outside Massachusetts but employer located in Massachusetts
- Subscriber resides in Massachusetts and employer located in Massachusetts

¹² Note that the Group Insurance Commission (GIC) covering employees of the Commonwealth has both fully-insured and self-insured contracts. For the purposes of this study, although the GIC follows the mandate requirements voluntarily, the GIC contracts are not identified separately and are simply categorized according to whether they are fully insured or self-insured.

- Subscriber resides outside Massachusetts and employer located outside Massachusetts

The statutory language varies across the mandates with respect to which of these four categories are subject to the mandate's requirements. Table 3 displays the criteria for inclusion applied to the mandates for which primary data extraction was conducted, based on the relevant statutory language.¹³

Table 3
Inclusion By Geography

Residence Employer	MA Not MA	Not MA MA	MA MA	Not MA Not MA
Contraception	X	X	X	
Diabetes	X	X	X	
Early Intervention			X	
Home Health		X	X	
HRT	X	X	X	
HLA	X	X	X	
Infertility	X	X	X	
Low Protein	X	X	X	
Mental Health	X	X	X	
Nonprescription		X	X	
Speech/Hearing	X	X	X	

The population member months denominator for per member per month (PMPM) calculations used in the study was the sum of member months for all four of these sub-groups, as we are estimating the costs of the benefits with respect to the overall average health insurance premium.¹⁴ However, claims were included in the numerator only for the sub-groups indicated with an X in Table 3, as these are the only claims that are related to benefits required by the statutory language of the various mandates.

With respect to the data extraction, there was one additional relevant issue related to the study population. The plans have some accounts that use a third-party pharmacy benefit manager and for which the pharmacy claims are therefore not available to them. As a

¹³ It is not possible to make this distinction for those mandates analyzed in the secondary cost analysis or the chiropractic services and scalp hair prosthesis mandates.

¹⁴ Claims costs for the fourth category (employer not in Massachusetts and employee not in Massachusetts) were approximately 0.3% of total claims dollars in the sample.

result, all accounts for which the plan does not cover pharmacy benefits were excluded from the claim data extracts and from the membership used to calculate PMPM costs in the sample. This prevented a distortion (downward bias) to the PMPM estimates that would have been caused by missing pharmacy claims. However, for estimates of the total dollar impact in the Commonwealth, the full population membership (all fully-insured members in the Commonwealth) is multiplied by the estimated PMPMs calculated without carved out pharmacy benefit accounts.¹⁵

The average membership represented in this sample for the July 2004 to June 2005 period was 2.079 million. This compares to an estimated 2.998 million total average membership for this population in Massachusetts,¹⁶ or 69.3% of the applicable population. Cost estimates contained in this report assume that the PMPM costs obtained from the four participating plans are representative of the overall fully-insured commercial under-65 population.

Methodology for Primary Data Analysis

After initial discussions with The Division and the participating plans, the working group decided to use claim data extracts provided by the plans as the data source for required direct cost estimates of the mandated benefits shown in Table 1. As discussed more fully in the introduction, RDCs are those costs that stem from services described in the mandate law, and do not consider indirect costs (either cost-adding or cost-avoiding), nor do they consider that some or all of the benefit might be provided in the absence of the mandate law. For two of the thirteen mandates, studies had recently been performed for The Division, and these results were analyzed rather than re-extracting the claims data. These studies themselves had drawn on primary data and were focused on the mandates in question. Since these mandates met the criteria for the primary data analysis discussed

¹⁵ Note that this assumes that the overall PMPM cost profiles (including pharmaceuticals) for the plans with and without carved-out pharmacy benefits are similar.

¹⁶ Based on data from the Kaiser Family Foundation, <www.statehealthfacts.org>, and an assumed 73% fully-insured percentage based on data provided by The Division.

above (and thus have non-zero incremental cost), they are included in the primary data analysis section of the report.

The approach taken to RDC measurement involved rigorous definition of costs associated with the mandate laws' required benefits, and careful measurement based on the definitions.

There were four general steps in the cost measurement:

1. Specification of data requirements for each mandate
2. Data extraction by each plan following the specifications
3. Quality control assessment and follow-up by Compass
4. Summarization of totals and adjustments to arrive at meaningful aggregate values

The specification of the data requirements included the following steps:

- *Creation of the data specification template.* This template was a general guideline to developing data extraction specifications. This document was drafted by Compass, circulated in the work group for comments and questions, and then finalized.
- *Initial Completion of the Templates.* The mandates for which primary data collection was to be carried out were divided among the plans for development of data specifications. Each plan developed a draft specification for their assigned mandates, drawing on clinical experts and other appropriate staff within their organizations.
- *Review and refinement of the specifications.* Compass reviewed each specification and conducted conference calls with each plan to clarify and refine their assigned specifications. This review helped promote consistency in the approach taken to the specification development. After incorporation of comments, all of the specifications were reviewed by the work group, and conference calls held to resolve any issues that arose. Each plan incorporated comments and a final review by Compass was made before finalization of each

specification. Compass then translated each of the specifications into “pseudo-code” programming outlines.

Each of the plans extracted data for all of the specifications, translating the specification and pseudo-code into data extraction programs to suit their data systems, and provided data sets to Compass (after execution of appropriate confidentiality agreements) for processing, review, quality control, and summarization. These data were aggregated by the plans according to the specifications, which were designed to create records summarizing multiple persons per record, avoiding unnecessary person-level detail.¹⁷ This process was conducted in a confidential manner, so that none of the plans saw any data from other plans. The Division saw none of the data from any of the individual plans.

The quality control assessment by Compass included the following steps. The data were summarized, grouped by the key fields for grouping, including service code, sex, year of birth, and place of service. Statistics, including penetration rate (i.e., users of service divided by average membership), utilization per 1000 members, and per-member per-month (PMPM) costs, were calculated at this level and at more aggregated levels. Several checks were made against these summarized data. First, conformance with the specification was assessed, such as inclusion of the specified service codes and only the specified service codes. Second, logical checks, such as year of birth and sex distributions where the mandated services had natural ranges for such values, were performed. Third, cross-plan comparisons were made of the calculated statistics, including calculation of coefficient of variation as a standardized measure of deviation in the values obtained.¹⁸

The initial review of the data sets generated questions from Compass for each of the plans, which they addressed as requested. In some cases, data resubmissions were made

¹⁷ One plan provided claim line item level detail, which was aggregated according to the specifications by Compass.

¹⁸ Coefficient of variation is the mean of a sample of data divided by the standard deviation of that sample. As such, it provides a standardized, unitless measure of variation across the sample, and allows meaningful comparisons of deviation across multiple samples with different means.

when it became clear that in some way the specification had not been followed and the issue could not be addressed by Compass. For example, inclusion of an extraneous service code could be addressed simply by having Compass remove records with this code, while omission of a specified code would require a data resubmission.

There were three cases in which a plan's observations for a specific mandate had to be removed from the sample because of an inability to address an anomalous data value. For example, for early intervention services, the PMPM for one plan was near zero while the other three plans had substantial, and similar, non-zero PMPMs. Follow-up with the plan determined that there was insufficient information in the plan's information system to track these services accurately, so this plan's data were excluded from the early intervention analysis. The three instances in which an observation needed to be removed eliminated one observation each for diabetes, early intervention, and HLA testing, so that there were at least three observations for each mandate. In these three cases, overall dollar totals were calculated from the sample in an adjusted fashion by multiplying the weighted average PMPM for the three plans by the enrollment for all four plans. Other statistics were computed in an analogous fashion.¹⁹

After completion of the quality control process, a number of calculations were carried out to produce the results of the study. First, additional data exclusions of two types were made. As discussed above in the "Population" section, there were four possible combinations of geographic location included in the summarized data. Compass requested that all four combinations be included for all of the mandate data extracts. Referring back to Table 3, a screen was applied to the data to exclude those cells that do not have an "X" in the table, that is, those geographic locations to which the mandate law does not apply.

A second data exclusion in the calculations was performed to eliminate overlap between mandates. Claims for which coverage is mandated by multiple mandates in the study ("mandate overlap") must be identified and quantified to avoid double-counting in

¹⁹ This approach conceals the identity of the plan(s) whose observations were removed, maintaining confidentiality.

aggregate analyses. During the data specification process, the plans identified three potential areas for such overlap:

1. Early Intervention Services with Speech & Audiology;
2. Early Intervention Services with Low Protein Foods; and
3. Home Health Services with all other mandates where place of service for some claims may be the member's home (Home Health's interactions with the Early Intervention Services, Low Protein Food, and Nonprescription Enteral Formula mandates were identified as particular areas of concern).

Compass investigated all three of these areas and found that, as mandate costs were defined in the final data extraction specification, no overlap exists between the mandates in areas (1) or (2). The claims extracts were mutually exclusive with respect to procedure code when the Speech and Low Protein mandate extracts were filtered to include only those members who were under three years of age (the upper age limit for the Early Intervention mandate). Thus, the overlap amount between these mandates was \$0 in both cases.

For item (3), Compass calculated the amount of mandate expense overlapping with Home Health by calculating the sum of claims for the other primary data mandates where place of service was coded as the patient's home and the geographic code indicated that the subscriber's place of employment was in Massachusetts (see the geographic requirement for the Home Health mandate legislation in Table 3 above). The results of this analysis are shown in Table 4.

Table 4
Cost Overlap with Home Health Mandate

Mandate	Overlap %
Contraception	0.0%
Diabetes	0.3%
Early Intervention	55.2%
HRT	0.0%
HLA	0.0%
Infertility	0.0%
Low Protein	88.0%
Mental Health	0.1%
Nonprescription	66.5%
Speech/Hearing	3.0%
Chiropractic Svcs	0.5%
Scalp Prosthesis	0.0%

The amounts specified in the “Home Health Overlap” column must be subtracted from the totals for these mandates when calculating: (i) costs across mandates, or (ii) costs attributable only to the given mandate, i.e. the amount that mandated coverage costs to the Massachusetts healthcare system would be reduced if a given mandate, and only that mandate, were repealed²⁰.

After the geographic data exclusion was applied, PMPMs for the included plan observations were calculated for each mandate, and administrative loading (the additional costs over and above health care claims required to administer the health plan) was added. Based on data provided by the MAHP,²¹ administrative loading (including profit) was assumed to be in the range of 13%-15%. For purposes of our calculations, loading of 14% was assumed. Therefore, to arrive at estimates of fully loaded healthcare premium

²⁰ The data available from the previous Division studies on the chiropractic services and scalp hair prostheses mandates did not include the information required (e.g., place of service) to assess overlap. However, \$50,544 in Home Health mandate claims were categorized as “Chiropractic manipulative treatment” (see Table 12). This amount, representing 0.46% of the \$11 million in estimated claims cost of the chiropractic services mandate, was therefore treated as overlap and removed from the total RDC figures presented in Tables E1 and 27. Otherwise, the conservative (and intuitive) assumption that no overlap exists between either of these two mandates and the other 12, that is, that all RDCs associated with these mandates are attributable solely to these mandates and should be applied additively to total RDC of the 13 mandates, was made.

²¹ The MAHP information was derived from reports provided to MAHP by Mark Farrah Associates.

costs, claims costs were divided by one minus the 14% administrative load ($1 - 0.14$), or 0.86.²²

These estimated premium amounts were calculated as an approximate percentage of healthcare premiums in Massachusetts by assuming that the average premium during the 2004-2005 data period was \$300 PMPM. This average was within the range of estimates produced by reviewing Best's Summary of Annual Statements and data provided by the MAHP.

Total cost in the healthcare system associated with each mandated benefit was computed by multiplying the loaded PMPM estimate by the estimated number of persons in the Commonwealth subject to mandates. Kaiser Family Foundation data on Massachusetts Health Insurance Status showed that there were approximately 3,762,010 persons covered by employer-sponsored plans in 2004-2005.²³ Data provided by The Division indicated that the approximate split between fully-insured and self-insured enrollment in the employer-sponsored population is 73% / 27%, which would imply a fully-insured employer-sponsored enrollment in the Commonwealth of approximately 2,746,267 individuals. In addition, there were approximately 251,860 persons individually purchasing insurance in the non-group market (subject to the mandate laws), for a total of 2,998,127. Therefore, we multiply the enrollment-weighted average PMPMs from the sample by 2,998,127 to arrive at dollar estimates of the required direct cost. In summing dollar totals across mandates, the mandate overlap amounts discussed above were subtracted. Appendix B contains more details about these population calculations.

As discussed in the introduction, we are unable within the scope of this study to produce precise estimates of the marginal cost of the mandates to the system, the focus of the study being primarily on required direct cost, that is, the total cost to the system of

²² This assumes that the carriers apply the same percentage gross up for these incremental claim expenses as for their baseline claim expenses. If a carrier elects to only apply incremental variable expenses, then the incremental premium may be 2-3% lower, based on an assumption that 2-3% of a carrier's administrative cost structure represents fixed overhead that is independent of claim volume. The actual percentages would vary by carrier.

²³ Kaiser Family Foundation: <www.statehealthfacts.org>

benefits described in the statutory language of the various mandates. The only information collected in the study which can shed some limited light on the question of marginal costs were ratios provided by the plans for each mandate of the self-insured PMPM to the fully-insured PMPM. Since the self-insured plans are not regulated by The Division of Insurance, they are not required to comply with the mandates, and are free (subject to competitive labor market constraints) to reduce or remove these benefits from their health benefit packages. Since labor market issues may compel the self-insured employers to offer richer benefits than they would if other (fully-insured) employers were not compelled to offer the mandated benefits, any difference identified between the self-insured and fully-insured benefit costs is likely to be an under-estimate of the true impact of the mandate. However, they may provide a useful lower bound estimate of the marginal direct cost, or actual mandate cost impact to the system. As such, these ratios are presented below as a lower bound estimate of the marginal direct cost. An upper bound estimate of the marginal cost is the full required direct cost, which is equivalent to saying that coverage for the entire benefit described in a mandate would be eliminated if the mandate was repealed.

Methodology for Secondary Data Analysis

The estimation process for the 13 mandates which drew upon secondary data sources had the following methodological features in common:

- Estimates were produced for the same under-65, commercial, fully-insured Massachusetts population analyzed for the 13 primary data analysis mandates discussed above.
- Literature and internet data sources were drawn upon for the individual facts that were combined into calculations for the estimated cost of each mandate.
- Total cost, PMPM, and percent of premium estimates were calculated. For each mandate, adjustments were made to make the estimate applicable to the relevant population. For example, if a national commercial population

estimate was available and deemed to be reasonably applicable to Massachusetts, the national per person rate was applied to the number of persons in the under-65 commercial fully-insured population in Massachusetts.

- The enabling statutory language for each mandate was adhered to as closely as possible given the limitations of the approach described.

The form of each calculation was dependent to a significant extent on the data available. For example, in some cases cost per person per year data were available, but in others data on incidence of an illness and cost per episode of that illness were multiplied together to produce the estimate. In all cases, the costs estimated were total required direct costs. As discussed above under “Project Organization and Study Design,” marginal direct cost for each mandate in the secondary cost group is assumed to be zero.

Most of the estimates relying on secondary data drew on sources that were not specific to the fully-insured population in Massachusetts. As a result, data from broader populations (e.g., Massachusetts statewide) had to be adjusted to the sub-population using population estimates drawn from a number of sources, including Census Bureau data and a model of the Massachusetts insured population developed by Compass for its work for The Division. These estimates are developed and summarized in Appendix B.

Results

In this section we present the results of the primary data analysis, the secondary data analysis, and the overall results combining the two.

Detailed Primary Data Collection Results

The “data pull matrix,” that is, the detailed specification used by the participating plans to extract data for eleven of the thirteen primary data mandates, is contained in Appendix

C.²⁴ Results for the individual mandates studied with primary data follow. The first eleven utilize the claim data extracted specifically for this study, and the last two draw on studies previously prepared by The Division which drew on earlier analyses of claim data from Massachusetts health plans.

Contraceptive Services

The contraceptive services mandate provides coverage for outpatient contraceptive services (consultations, exams, procedures, etc.) to the same extent as other outpatient services and for prescription contraceptive drugs and devices under the same terms and conditions as other prescription drugs and devices.²⁵

Required direct costs (RDCs) of this mandate were determined to consist of all claims for outpatient contraceptive procedures and consultations (IUD insertion, etc.), all claims for evaluation and management (identified by the evaluation and management, or E&M, CPT4 codes) with a contraception-related diagnosis, and all pharmacy claims for contraceptive drugs and devices for the target population described above in the Methodology section. Total estimated claims PMPM for the July 2004-June 2005 study period was \$1.14, with a total PMPM of \$1.33 (or 0.44% of the Commonwealth total) after administrative loading. Table 5 below displays a summary of these results and related statistics and Table 6 summarizes the claims cost by type of service.

²⁴ Data for two of the mandates came from studies conducted previously by The Division using claim data from the plans.

²⁵ The law provides exclusions for church-affiliated employers.

Table 5
Contraceptive Services
Summary of Estimated Paid Claims

<u>Measure</u>	<u>Amount</u>
Sample Users	219,351
Sample Units	1,474,960
Sample Average Members	2,078,915
Estimated Penetration Rate	10.55%
Units per Thousand Members	709
PMPM Claims	\$ 1.14
PMPM With Admin	\$ 1.33
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 41,070,301
Contribution to Total Annual Premium	\$ 47,756,164
Percent of Total Premium	0.44%

Table 6
Contraceptive Services
Summary of Services Used by Category

<u>Category</u>	<u>Raw Sample Claims</u>	<u>Adjusted to Fully Insured</u>	<u>PMPM</u>
		<u>Population</u>	
Pharmacy Claims	\$22,706,293	\$32,746,093	\$ 0.910
Preventative Medicine	\$2,085,886	\$3,008,181	\$ 0.084
Drugs Other than Oral	\$1,810,503	\$2,611,034	\$ 0.073
Office or Other Outpatient Services	\$1,551,816	\$2,237,966	\$ 0.062
Consultations	\$144,823	\$208,858	\$ 0.006
Other Services	\$115,445	\$166,490	\$ 0.005
Female Genital System / Surgery	\$63,571	\$91,680	\$ 0.003
All Services	\$28,478,337	\$41,070,301	\$ 1.14

Diabetes-related Services and Supplies

The diabetes mandate provides coverage for legally-prescribed items (blood glucose monitors, monitoring strips, lancets, insulin, syringes, lab tests, urine & lipid profiles, special shoes, etc.) medically necessary for the treatment of diabetes that fall within a category of benefits and services for which coverage is otherwise afforded.

The RDC of this mandate was calculated as the cost of all claims incurred by target-population members with at least two claims with a primary or secondary diagnosis of diabetes during the July 2004-June 2005 study period for diabetes-related services,

devices, or drugs. Total estimated RDC claims PMPM was \$1.28, with a total PMPM of \$1.49 (or 0.50% of the Commonwealth total) after administrative loading. Table 7 below displays a summary of these results and related statistics and Table 8 summarizes the claims cost by type of service.

Table 7
Diabetes Services
Summary of Estimated Paid Claims

Measure	Amount
Sample Users	48,573
Sample Units	760,294
Sample Average Members	2,078,915
Estimated Penetration Rate	2.34%
Units per Thousand Members	366
PMPM Claims	\$ 1.28
PMPM With Admin	\$ 1.49
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 46,015,595
Contribution to Total Annual Premium	\$ 53,506,506
Percent of Total Premium	0.50%

Table 8
Diabetes Services
Summary of Services Used by Category

Category	Raw Sample Claims	Adjusted to Fully Insured Population	PMPM
Pharmacy Claims	\$25,663,810	\$37,011,304	\$ 1.029
Pathology and Laboratory	\$4,528,279	\$6,530,499	\$ 0.182
Procedure/Professional Services	\$1,535,190	\$2,213,989	\$ 0.062
Medical and Surgical Supplies	\$101,189	\$145,930	\$ 0.004
Durable Medical Equipment	\$78,960	\$113,872	\$ 0.003
All Services	\$31,907,427	\$46,015,595	\$ 1.28

Early Intervention Services

The law mandates coverage for all "early intervention services" from birth until age three for children with or at risk for specified developmental delays including chromosomal abnormality, neurological condition, metabolic disorder, visual impairments, permanent

hearing loss of any degree, and delayed cognitive, physical, communicative, social, or emotional development.

The RDC of this mandate was calculated as all claims for specifically identified early intervention procedure codes²⁶ plus all claims for evaluation and management procedures performed by certified early intervention providers²⁷ for members under three years of age in the target population and period. Total estimated RDC claims PMPM was \$0.98, with a total PMPM of \$1.14 (or 0.38% of the Commonwealth total) after administrative loading. Table 9 below displays a summary of these results and related statistics and Table 10 summarizes the claims cost by type of service.

Table 9
Early Intervention Services
Summary of Estimated Paid Claims

<u>Measure</u>	<u>Amount</u>
Sample Users	19,803
Sample Units	1,645,404
Sample Average Members	2,078,915
Estimated Penetration Rate	0.95%
Units per Thousand Members	791
PMPM Claims	\$ 0.98
PMPM With Admin	\$ 1.14
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 35,288,648
Contribution to Total Annual Premium	\$ 41,033,311
Percent of Total Premium	0.38%

²⁶ H2015, T1015, T1023, T1024, T1027, 96153

²⁷ The participating plans differed in the method used to identify EI providers in the claims system: Some plans use specific early intervention procedure code modifiers, others use an early intervention provider type code. Each plan used the criterion appropriate to its specific claims system to identify E&M EI claims.

Table 10
Early Intervention Services
Summary of Services Used by Category

Category	Raw Sample Claims	Adjusted to Fully Insured Population	PMPM
Community Support Services	\$22,207,479	\$32,026,724	\$ 0.890
Health/Behavior Assessment/Intervention	\$1,562,782	\$2,253,781	\$ 0.063
Inpatient Hospital	\$163,987	\$236,495	\$ 0.007
Critical Care Services	\$155,806	\$224,698	\$ 0.006
Preventative Medicine	\$149,993	\$216,313	\$ 0.006
Office or Other Outpatient Services	\$137,767	\$198,682	\$ 0.006
Consultations	\$37,460	\$54,023	\$ 0.002
Special Services, Procs, and Reports	\$32,416	\$46,748	\$ 0.001
Other Services	\$21,622	\$31,183	\$ 0.001
All Services	\$24,469,312	\$35,288,648	\$ 0.98

Home Health Care

This mandate provides coverage for services provided by a home health agency in the patient's residence. The RDC for this mandate was calculated as all claims for all procedures where the place of service indicated on the claim was the patient's residence. Total estimated RDC claims PMPM was \$4.98, with a total PMPM of \$5.80 (or 1.93% of the Commonwealth total) after administrative loading. Table 11 below displays a summary of these results and related statistics and Table 12 summarizes the claims cost by type of service.

Table 11
Home Health Care
Summary of Estimated Paid Claims

Measure	Amount
Sample Users	167,667
Sample Units	9,521,484
Sample Average Members	2,078,915
Estimated Penetration Rate	8.07%
Units per Thousand Members	4,580
PMPM Claims	\$ 4.98
PMPM With Admin	\$ 5.80
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 179,340,955
Contribution to Total Annual Premium	\$ 208,535,994
Percent of Total Premium	1.93%

Table 12
Home Health Care
Summary of Services Used by Category

<u>Category</u>	<u>Raw Sample Claims</u>	<u>Adjusted to Fully Insured</u>	<u>PMPM</u>
		<u>Population</u>	
Drugs Other Than Oral	\$32,380,376	\$46,697,663	\$ 1.298
Durable Medical Equipment	\$22,011,067	\$31,743,467	\$ 0.882
Community Support Services	\$11,791,541	\$17,005,281	\$ 0.473
Other Services	\$11,069,432	\$15,963,885	\$ 0.444
Medical and Surgical Supplies	\$9,152,802	\$13,199,799	\$ 0.367
Procedure/Professional Services	\$6,001,134	\$8,654,592	\$ 0.241
Inpatient Hospital	\$5,914,507	\$8,529,662	\$ 0.237
Orthotic Procedures	\$4,796,793	\$6,917,740	\$ 0.192
Enteral and Parenteral Therapy	\$4,469,037	\$6,445,063	\$ 0.179
Immune Globulins	\$3,151,386	\$4,544,801	\$ 0.126
Special Services, Procs, and Reports	\$3,137,471	\$4,524,734	\$ 0.126
Home Health	\$2,684,644	\$3,871,685	\$ 0.108
Prosthetic Procedures	\$2,225,573	\$3,209,631	\$ 0.089
Anesthesia	\$1,598,463	\$2,305,239	\$ 0.064
Radiology	\$879,381	\$1,268,208	\$ 0.035
Pulmonary	\$682,770	\$984,664	\$ 0.027
Physical Medicine/Rehab	\$671,614	\$968,574	\$ 0.027
Otorhinolaryngology	\$303,034	\$437,023	\$ 0.012
Admin., Misc. and Investigational	\$261,909	\$377,715	\$ 0.010
Psychiatric Evaluation, Management, and Therapy	\$209,940	\$302,767	\$ 0.008
Vision Services	\$147,686	\$212,986	\$ 0.006
Musculoskeletal System Surgery	\$135,541	\$195,471	\$ 0.005
Transportation Services / Ambulance	\$84,964	\$122,532	\$ 0.003
Health/Behavior Assessment/Intervention	\$73,028	\$105,319	\$ 0.003
Ophthalmology	\$64,363	\$92,821	\$ 0.003
Pathology and Laboratory	\$52,155	\$75,216	\$ 0.002
Maternity Care	\$51,961	\$74,936	\$ 0.002
Neurology and Neuromuscular	\$51,625	\$74,451	\$ 0.002
Integumentary System / Surgery	\$44,415	\$64,054	\$ 0.002
Dialysis	\$35,316	\$50,931	\$ 0.001
Chiropractic manipulative treatment	\$35,048	\$50,544	\$ 0.001
Central Nervous System Assessment	\$33,789	\$48,730	\$ 0.001
Hearing Services	\$29,613	\$42,707	\$ 0.001
Prolonged Services	\$27,415	\$39,537	\$ 0.001
Consultations	\$26,191	\$37,771	\$ 0.001
Preventative Medicine	\$25,507	\$36,785	\$ 0.001
Pathology and Laboratory Services	\$22,921	\$33,055	\$ 0.001
Echocardiography	\$21,439	\$30,919	\$ 0.001
All Services	\$124,355,850	\$179,340,956	\$ 4.98

Hormone Replacement Therapy (HRT)

The HRT mandate covers hormone replacement therapy (HRT) for all peri- and post-menopausal women covered under plans that provide coverage for outpatient therapy.

RDC for this mandate was calculated as all claims for specific HRT procedures and pharmaceuticals as well as Evaluation and Management (E&M) procedures with a diagnosis (in any of the top five diagnosis columns) associated with menopause-related hormone regulation. Total estimated RDC claims PMPM was \$0.14, with a total PMPM of \$0.16 (or 0.05% of the Commonwealth total) after administrative loading. Table 13 below displays a summary of these results and related statistics and Table 14 summarizes the claims cost by type of service.

Table 13
HRT Services
Summary of Estimated Paid Claims

<u>Measure</u>	<u>Amount</u>
Sample Users	36,278
Sample Units	204,652
Sample Average Members	2,078,915
Estimated Penetration Rate	1.75%
Units per Thousand Members	98
PMPM Claims	\$ 0.14
PMPM With Admin	\$ 0.16
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 5,008,927
Contribution to Total Annual Premium	\$ 5,824,333
Percent of Total Premium	0.05%

Table 14
HRT Services
Summary of Services Used by Category

<u>Category</u>	<u>Raw Sample Claims</u>	<u>Adjusted to Fully Insured Population</u>	<u>PMPM</u>
Pharmacy Claims	\$2,571,943	\$3,709,152	\$ 0.103
Office or Other Outpatient Services	\$535,723	\$772,597	\$ 0.021
Preventative Medicine	\$239,751	\$345,759	\$ 0.010
Consultations	\$90,935	\$131,143	\$ 0.004
Pathology and Laboratory	\$33,077	\$47,703	\$ 0.001
Other Services	\$1,784	\$2,572	\$ 0.000
All Services	\$3,473,213	\$5,008,926	\$ 0.14

Human Leukocyte Antigen Testing (HLA)

The HLA mandate requires "coverage for the cost of human leukocyte antigen testing or histocompatibility locus antigen testing that is necessary to establish bone marrow transplant donor suitability." Since the recent advent of DNA testing for compatibility, the traditional serological test has largely been supplanted, although a small volume of serological tests are still performed. Both serological and DNA testing procedure code claims with appropriate donor diagnoses were included in the data extract.

Total estimated RDC claims PMPM was \$0.09, with a total PMPM of \$0.10 (or 0.034 % of the Commonwealth total) after administrative loading. Table 15 below displays a summary of these results and related statistics and Table 16 summarizes the claims cost by type of service.

Table 15
HLA Services
Summary of Estimated Paid Claims

<u>Measure</u>	<u>Amount</u>
Sample Users	1,632
Sample Units	180,675
Sample Average Members	2,078,915
Estimated Penetration Rate	0.08%
Units per Thousand Members	87
PMPM Claims	\$ 0.09
PMPM With Admin	\$ 0.10
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 3,124,315
Contribution to Total Annual Premium	\$ 3,632,925
Percent of Total Premium	0.034%

Table 16
HLA Services
Summary of Services Used by Category

<u>Category</u>	<u>Raw Sample Claims</u>	<u>Adjusted to Fully Insured Population</u>	<u>PMPM</u>
DNA Based Testing	\$2,086,407	\$3,008,931	\$ 0.08
Serum Based Testing	\$80,008	\$115,384	\$ 0.00
All Services	\$2,166,415	\$3,124,315	\$ 0.09

Infertility Treatment

This mandate requires coverage for infertility treatments for members covered under plans that include pregnancy-related benefits. The RDC for this mandate was calculated from all claims for infertility-related procedure codes and pharmaceuticals, as well as E&M procedures for members with a diagnosis of infertility. The total estimated RDC claims PMPM was \$2.31, with a total PMPM of \$2.68 (or 0.89 % of the Commonwealth total) after administrative loading. Table 17 below displays a summary of these results and related statistics and Table 18 summarizes the claims cost by type of service.

Table 17
Infertility Treatment
Summary of Estimated Paid Claims

<u>Measure</u>	<u>Amount</u>
Sample Users	25,178
Sample Units	240,358
Sample Average Members	2,078,915
Estimated Penetration Rate	1.21%
Units per Thousand Members	116
PMPM Claims	\$ 2.31
PMPM With Admin	\$ 2.68
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 82,963,124
Contribution to Total Annual Premium	\$ 96,468,749
Percent of Total Premium	0.89%

Table 18
Infertility Treatment
Summary of Services Used by Category

<u>Category</u>	<u>Raw Sample Claims</u>	<u>Adjusted to Fully Insured Population</u>	<u>PMPM</u>
Pharmacy Claims	\$37,124,133	\$53,538,916	\$ 1.488
Female Genital System / Surgery	\$6,857,009	\$9,888,900	\$ 0.275
Pathology and Laboratory	\$5,179,349	\$7,469,446	\$ 0.208
Reproductive System Pathology and Laboratory	\$3,591,033	\$5,178,842	\$ 0.144
Office or Other Outpatient Services	\$2,242,321	\$3,233,784	\$ 0.090
Consultations	\$1,156,239	\$1,667,481	\$ 0.046
Radiology	\$926,248	\$1,335,798	\$ 0.037
Laparoscopic Procedures	\$215,943	\$311,425	\$ 0.009
Multifetal Pregnancy Reductions	\$113,116	\$163,131	\$ 0.005
Inpatient Hospital	\$104,420	\$150,591	\$ 0.004
Other Services	\$17,205	\$24,812	\$ 0.001
All Services	\$57,527,015	\$82,963,125	\$ 2.31

Low Protein Foods (LPF)

The LPF mandate covers low protein food products required to treat infants and children with specified metabolic disorders as well as fetuses of pregnant women with PKU.

Costs of the mandate were estimated as all claims incurred in the study period for procedure codes indicating the purchase of low protein food products. Total estimated RDC claims PMPM was \$0.01, with a total PMPM of \$0.01 (or 0.003% of the Commonwealth total) after administrative loading. Table 19 below displays a summary of these results and related statistics and Table 20 summarizes the claims cost by type of service.

Table 19
Low Protein Foods
Summary of Estimated Paid Claims

<u>Measure</u>	<u>Amount</u>
Sample Users	143
Sample Units	31,639
Sample Average Members	2,078,915
Estimated Penetration Rate	0.01%
Units per Thousand Members	15
PMPM Claims	\$ 0.01
PMPM With Admin	\$ 0.01
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 288,948
Contribution to Total Annual Premium	\$ 335,987
Percent of Total Premium	0.003%

Table 20
Low Protein Foods
Summary of Paid Claims by Procedure Code

<u>Service Code</u>	<u>Service Description</u>	<u>Raw Sample Claims</u>	<u>Adjusted to Fully Insured Population</u>	<u>PMPM</u>
B4161	Enteral formula for pediatrics, hydrolyzed/amino acids	\$160,691	\$231,742	\$ 0.006
S9435	Medical foods for inborn errors of metabolism	\$28,131	\$40,570	\$ 0.001
S9434	Modified solid food supplements for inborn errors	\$10,503	\$15,147	\$ 0.000
B4162	Enteral formula, for pediatrics, special metabolic needs	\$1,033	\$1,489	\$ 0.000
All Svcs		\$200,358	\$288,948	\$ 0.01

Mental Health Care

This mandate provides coverage for services to treat certain biologically-based mental illnesses. Claims covered pursuant to this mandate were identified as claims for mental health procedures and psychoactive pharmaceuticals incurred by members with a diagnosis for one of the specified disorders during the study period as well as E&M procedures for these members that listed a primary, secondary, or tertiary diagnosis for one of the listed disorders.

Total estimated RDC claims PMPM was \$5.70, with a total PMPM of \$6.63 (or 2.21% of the Commonwealth total) after administrative loading. Table 21 below displays a summary of these results and related statistics and Table 22 summarizes the claims cost by type of service.

Table 21
Mental Health Care
Summary of Estimated Paid Claims

<u>Measure</u>	<u>Amount</u>
Sample Users	138,415
Sample Units	1,647,578
Sample Average Members	2,078,915
Estimated Penetration Rate	6.66%
Units per Thousand Members	793
PMPM Claims	\$ 5.70
PMPM With Admin	\$ 6.63
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 205,175,044
Contribution to Total Annual Premium	\$ 238,575,632
Percent of Total Premium	2.21%

Table 22
Mental Health Care
Summary of Services Used by Category

Category	Raw Sample Claims	Adjusted to Fully Insured Population	PMPM
Evaluation, Management, and Therapy	\$90,052,601	\$129,870,203	\$ 3.610
Inpatient Hospital	\$42,754,038	\$61,658,136	\$ 1.714
Central Nervous System Assessment	\$5,415,299	\$7,809,725	\$ 0.217
Consultations	\$2,832,477	\$4,084,884	\$ 0.114
Other Alcohol/Drug Abuse Treatment Services	\$988,089	\$1,424,982	\$ 0.040
Other Services	\$171,278	\$247,010	\$ 0.007
Special Services, Procs, and Reports	\$55,545	\$80,105	\$ 0.002
All Services	\$142,269,327	\$205,175,044	\$ 5.70

Nonprescription Enteral Formulas

The mandate requires "coverage for nonprescription enteral formulas for home use...which are medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids." Therefore, all claims with a procedure code indicating purchase of such formulas and a primary diagnosis of a covered disorder were summed to estimate RDC.

Total estimated RDC claims PMPM was \$0.02, with a total PMPM of \$0.02 (or 0.01% of the Commonwealth total) after administrative loading. Table 23 below displays a summary of these results and related statistics and Table 24 summarizes the claims cost by procedure.

Table 23
Nonprescription Enteral Formulas
Summary of Estimated Paid Claims

<u>Measure</u>	<u>Amount</u>
Sample Users	46
Sample Units	48,088
Sample Average Members	2,078,915
Estimated Penetration Rate	0.00%
Units per Thousand Members	23
PMPM Claims	\$ 0.02
PMPM With Admin	\$ 0.02
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 700,036
Contribution to Total Annual Premium	\$ 813,995
Percent of Total Premium	0.01%

Table 24
Nonprescription Enteral Formulas
Summary of Paid Claims by Procedure Code

<u>Service Code</u>	<u>Service Description</u>	<u>Raw Sample Claims</u>	<u>Adjusted to Fully Insured Population</u>	<u>PMPM</u>
B4151	Enteral formula, with intact nutrients	\$119,680	\$172,598	\$ 0.005
B4150	Enteral formula, includes proteins, fats, carbs	\$100,939	\$145,571	\$ 0.004
B4152	Enteral formula, calorically dense	\$99,818	\$143,953	\$ 0.004
B4153	Enteral formula, hydrolyzed proteins	\$87,386	\$126,025	\$ 0.004
B4154	Enteral formula, special metabolic needs	\$61,723	\$89,015	\$ 0.002
B4155	Enteral formula, nutritionally incomplete	\$15,861	\$22,874	\$ 0.001
All Svcs		\$485,408	\$700,036	\$ 0.02

Speech and Audiology Services

This mandate provides for "expenses incurred in the medically necessary diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech-language pathologists or audiologists." The RDC of this mandate was calculated as the sum of all claims for speech and audiology procedures performed by the indicated provider types where the primary diagnosis indicates a covered speech, hearing, or language disorder. Total estimated RDC claims PMPM was \$0.03, with a total PMPM of \$0.03 (or 0.01% of the Commonwealth total) after administrative loading. Table 25 below displays a summary of these results and related statistics and Table 26 summarizes the claims cost by type of service

Table 25
Speech & Audiology Services
Summary of Estimated Paid Claims

<u>Measure</u>	<u>Amount</u>
Sample Users	1,395
Sample Units	9,199
Sample Average Members	2,078,915
Estimated Penetration Rate	0.07%
Units per Thousand Members	4
PMPM Claims	\$ 0.03
PMPM With Admin	\$ 0.03
Insured Population	2,998,127
Contribution to Total Annual Claims	\$ 997,661
Contribution to Total Annual Premium	\$ 1,160,071
Percent of Total Premium	0.01%

Table 26
Speech & Audiology Services
Summary of Paid Claims by Procedure Code

<u>Service Code</u>	<u>Service Description</u>	<u>Raw Sample Claims</u>	<u>Adjusted to Fully Insured Population</u>	<u>PMPM</u>
92507	Treatment of speech; individual	\$512,593	\$739,241	\$ 0.021
92610	Evaluation swallowing function	\$78,174	\$112,739	\$ 0.003
92526	Treatment of swallowing dysfunction	\$71,784	\$103,524	\$ 0.003
92508	Treatment of speech; group	\$9,405	\$13,564	\$ 0.000
92510	Other Speech/Hearing Services	\$9,105	\$13,131	\$ 0.000
92616	Swallowing and laryngeal sensory testing	\$5,007	\$7,221	\$ 0.000
92612	Swallowing by cine or video recording	\$2,960	\$4,268	\$ 0.000
92614	Laryngeal sensory testing	\$2,338	\$3,372	\$ 0.000
92607	Evaluation for prescription communication device	\$327	\$472	\$ 0.000
V5364	Dysphagia screening	\$90	\$130	\$ 0.000
All Svcs		\$691,783	\$997,662	\$ 0.03

Chiropractic Services

To calculate the effect of the chiropractic services mandate on commercial insurance costs in Massachusetts we drew upon the report prepared previously by The Division of Health Care Finance and Policy on the chiropractic services mandate.²⁸ This was one of two primary data mandates analyzed using studies previously performed for The Division (scalp hair prostheses, below, was the other). The study was conducted using a claims summary from Blue Cross Blue Shield; because the source data were not available, no summary statistics are presented here.

The mandate in place requires only Blue Cross Blue Shield of Massachusetts to cover chiropractic services. The Division study assessed a proposed bill that would have required other insurers in Massachusetts to provide coverage for these services as well (even though such coverage is already offered to employers in the form of a rider to existing policies by these other insurers). The bill did not pass, so the effective mandate to be assessed in this report applies only to Blue Cross Blue Shield.

The Blue Cross Blue Shield data provided to The Division for the assessment reported a volume in 2003 of 446,334 units of chiropractic sessions for HMO plans.²⁹ The report's data suggested an average cost per session of approximately \$30 (see Table 2 of the cited report), which was validated by other available sources. Multiplying this cost per session by the number of sessions we estimated the claim cost of the chiropractic services mandate to be approximately \$13 million for Blue Cross Blue Shield in its HMO population, or approximately \$0.86 PMPM for the Blue Cross plan members. Adjusting the Blue Cross number downward to remove costs associated with its self-insured customers produces a claims cost estimate of approximately \$11 million (\$0.31 PMPM for the entire fully-insured population), or approximately \$12.8 million with

²⁸ "Review and Evaluation of Proposed Legislation to Mandate Coverage for Chiropractic Services: Senate Bill 907 and House Bill 2076," Massachusetts Division of Healthcare Finance and Policy, January 2005. <www.mass.gov/Eoehhs2/docs/dhcfp/r/pubs/mandates/chiropractic.doc>

²⁹ Blue Cross Blue Shield is not specifically identified, but only two plans indicated in their responses that the chiropractic benefit was standard, Plan 4 and Plan 5. Plan 4 had negligible volume and Plan 5 had by far the largest volume of all respondents. Given known marketshares in the industry, it was assumed that this volume was provided by Blue Cross Blue Shield.

administrative loading³⁰. This results in a \$0.36 PMPM across all fully-insured individuals, comprising approximately 0.12% of the statewide fully-insured under-65 commercial premium for 2004-2005.³¹

Scalp Hair Prostheses

Compass Health Analytics, Inc. previously performed a study for The Division of Health Care Finance and Policy on a proposed mandate related to scalp hair prostheses.³² This was one of two primary data mandates analyzed using studies previously performed for The Division (chiropractic, above, was the other). Because this study drew on summarized data from the health plans, the detailed statistics available for the 11 mandates analyzed with claim extracts are not available.

The proposed mandate expansion which led to the study did not pass, so the mandate to be measured here is the pre-existing scalp hair prostheses mandate, which requires coverage of \$350 per year per person. Compass' prior study, which was based on 2003 data, found a rate of individuals accessing the benefit of 0.21 per thousand members. Based on total membership in the fully-insured commercial products (see Appendix B), this would imply approximately 645 individuals in Massachusetts access this benefit annually. Assuming that the full \$350 benefit is utilized each year by each person produces an estimated annual cost of \$225,750, which is six tenths of a penny PMPM, seven tenths with administration (\$263,000 total dollars), or approximately 0.002% of annual premium. Because the annual limit does not change over time, it is unlikely that there is any significant trending associated with this mandate, and the magnitude of the expenses is so small that even if trend were applied the result would be negligible.

³⁰ The 2003 data used for the Chiropractic study is 18 months older than the data used for the mandates analyzed with the claims extract; no information on trends in service utilization or unit cost for these services were available to adjust these data. The impact of normal trend rates in either direction would be approximately one to two cents PMPM.

³¹ Despite the fact that the costs associated with the mandate only fall on Blue Cross, we divide by the entire fully-insured commercial population so that they can be expressed as a percentage of the average Commonwealth-wide premium.

³² Actuarial Assessment of Massachusetts Senate Bill No. 916: "An Act Providing Health Insurance Coverage for Scalp Hair Prosthesis", Compass Health Analytics, Inc., June 2004.

Aggregated Results of Primary Data Analysis

The results of the required direct cost measurement for the thirteen mandates drawing on primary data are summarized in Table 27. As discussed above, the costs in this table are required direct cost or RDC, and thus are larger than the marginal cost impact of the mandate laws themselves. Specifics about the calculations are contained in the Methodology section above.

Table 27
Annual Required Direct Cost* Summary of Primary Data Mandates
Based on 2004-2005 Data**

<u>Mandate</u>	<u>Required Direct Cost Claims PMPM</u>	<u>Required Direct Cost PMPM w/Admin</u>	<u>Percent of Premium</u>	<u>Required Direct Annual Cost Total Dollars (000s)</u>
Chiropractic Services	\$ 0.31	\$ 0.36	0.12%	\$ 12,806
Contraception	\$ 1.14	\$ 1.33	0.44%	\$ 47,756
Diabetes	\$ 1.28	\$ 1.49	0.50%	\$ 53,507
Early Intervention	\$ 0.98	\$ 1.14	0.38%	\$ 41,033
Home Health	\$ 4.98	\$ 5.80	1.93%	\$ 208,536
HRT	\$ 0.14	\$ 0.16	0.05%	\$ 5,824
HLA	\$ 0.09	\$ 0.10	0.03%	\$ 3,633
Infertility	\$ 2.31	\$ 2.68	0.89%	\$ 96,469
Low Protein	\$ 0.01	\$ 0.01	0.00%	\$ 336
Mental Health	\$ 5.70	\$ 6.63	2.21%	\$ 238,576
Nonprescription	\$ 0.02	\$ 0.02	0.01%	\$ 814
Scalp Hair Prostheses	\$ 0.01	\$ 0.01	0.00%	\$ 263
Speech/Hearing	\$ 0.03	\$ 0.03	0.01%	\$ 1,160
TOTAL***	\$ 16.42	\$ 19.09	6.36%	\$ 686,650

* Required direct cost measures the expenditures for the benefit described in each mandate but does not remove from this cost the amount that would be provided in the absence of a legal mandate, and thus does not represent the cost impact of the mandate law.

**Chiropractic and Scalp Hair prostheses were analyzed using previously prepared studies based on 2003 data.

***Overlapping coverage between mandates has been removed from the total (see Table 4).

The information contained in Table 27 can be interpreted as follows:

- The first column of numbers displays the PMPM claims cost estimated from the four plans participating in the study,³³ which ranges from 1 cent for low protein foods scalp hair prostheses to \$5.70 for mental health. The total claims PMPM (after removal of overlaps between mandates) is \$16.42.

³³ As discussed in the methodology section, three observations (one from each of three mandates) were removed due to uncorrectable data issues.

- The second column adjusts this claims PMPM for the inclusion of administrative “loading”, which includes both the cost of administrative functions and profit to the insurer; this adjustment increases all the lines by an equal proportion, raising the total PMPM to \$19.09.
- The third column displays the PMPM with administrative loading as a percentage of the approximate PMPM premium level in the under-65 fully-insured commercial market in Massachusetts during the study period. In total, the benefits described in these thirteen mandates comprise approximately 6.4% of premium costs in the fully-insured population.
- The last column computes the estimated total dollar spending on the benefits included in these mandates in the under-65 fully-insured commercial market in Massachusetts, which is approximately \$687 million in 2004-2005.

Each row in Table 27, including the total, represents the amount of cost that would be removed from the system if the benefit in that row was never paid for by commercial insurance policies regulated by the Massachusetts Division of Insurance. Since some amount of these benefits would still be provided if the mandates were repealed, they do not represent savings to the system if the mandates were repealed.

As discussed in the methodology section, we can produce a lower bound estimate of the marginal impact of the mandate laws on healthcare expenditures using the ratio of self-insured PMPMs to fully-insured PMPMs for each mandate (recall that self-insured policies are not regulated by The Division of Insurance and thus are not subject to the mandate laws). For the eleven services which had claim data extracted for this study, the weighted average ratio of the self-insured PMPM to the fully-insured PMPM was 80.85%. If we assume that expenditures for self-insured plans reflect spending that would take place in the absence of the mandates, this ratio means that approximately 81% of RDC is base RDC, and that only 19% of the RDC is marginal RDC, that is, additional costs to the health care system directly resulting from the mandate laws. As noted above, since self-insured employers compete in the labor market with fully-insured employers, self-insured employers likely offer richer benefit plans than they would in the absence of

the mandates, such that self-insured costs are likely higher than they would be in the absence of the mandates, and thus the 81% figure is higher than it would otherwise be. In turn, this would cause the marginal cost figure to rise above 19% of the RDC total. Recognizing that this is a lower bound estimate, we can calculate the impact of the mandate on expenditures as the factor $(1 - .8085)$, or 0.1915, multiplied times the total spending number of \$687 million from Table 27, or \$132 million. This lower bound estimate suggests strongly that on net across all mandates, there is an increasing consequence on direct costs of the mandate laws, and that this effect is at least 19%, or approximately \$132 million, in 2004-2005, 1.2% of the total healthcare premium.

Neither the RDC estimate in Table 27 (\$687 million) nor the lower bound marginal cost estimate of \$132 million provides an answer to the question of what additional direct costs are caused by the mandate laws, though the mandate impact should be somewhere in this rather wide range, and is probably not near either of the two extremes produced by the required direct cost and lower bound marginal cost estimates.

In the next section, we address results for the mandates analyzed with secondary data sources.

Secondary Data Collection Results

The RDC results for each of the mandates analyzed in the secondary cost analysis phase of the project are described below. In developing these estimates, a number of sub-population estimates of enrollment in fully-insured products were required; these are developed and discussed in Appendix B. The results of the calculations are summarized in Table 28 below.

Table 28

**Massachusetts Under-65 Commercial
Fully-Insured Population**

Subset Estimates For 2004-2005 (In 000s)

Sub-Pop	Total	Females
All Ages	2,998	1,514
Births	42	20
Under 5	210	102
Under 6	252	123
Age 40-64	1,161	604
Age 19-64	2,149	1,096

The estimates for each of the individual mandates discussed below refer to Appendix B as necessary.

Alcoholism Rehabilitation

The mandate for alcoholism rehabilitation treatment was made redundant by the passage of the mandate for biologically-based mental health conditions, and costs associated with this mandate are already captured by the Mental Health mandate costs shown previously in Tables 21 and 22. Due to the high incidence of co-occurring mental health and substance abuse illnesses, and the lack of clarity in how services for these two illness types are distinguished when billed, sub-setting alcoholism rehabilitation costs from the mental health data is not reliable with the data available to the study.

Bone Marrow Transplants for Treatment of Breast Cancer

Treatment of breast cancer with bone marrow transplant is no longer considered clinically effective. A review of 2005 Massachusetts hospital discharge data found 2 cases. It is not clear whether these two claims are from fully-insured patients; as a result, no costs are attributed to this mandate, as the costs are immaterial or nil.

Cardiac Rehabilitation

To calculate the effect of the cardiac rehabilitation mandate on commercial insurance costs in Massachusetts, we began by researching statistics on the number of heart attacks

that occur on a yearly basis in the United States, resulting in an estimate of 1.2 million.³⁴ An estimated 38% of heart attacks result in death, implying that 62% are non-fatal.³⁵ Thus, annually about 744,000 ($= 0.62 \times 1,200,000$) Americans survive a myocardial infarction episode, resulting in a maximum 744,000 cardiac rehabilitation episodes nationally. Based on the proportion of the U.S. population residing in Massachusetts, approximately 2.15%,³⁶ we estimate the total number of non-fatal heart attacks suffered by Massachusetts residents in a year to be about 16,000. According to the Centers for Disease Control, the heart attack death rate for Massachusetts is about 86% of the overall national average³⁷. Assuming that this statistic is a reasonable proxy for the relative level of *non-fatal* heart attacks (that is, that the heart attack rate for non-fatal heart attacks is also 86% of the national average), we refine our estimate of annual non-fatal heart attacks in Massachusetts by multiplying 0.86 by 16,000 for a revised total of approximately 13,760. Using age-specific heart attack death rates determined by University of Manitoba researchers and applying these rates to the Massachusetts population by age mix, our estimate is that about 35% of Massachusetts heart attacks will occur among the under-65 population.³⁸ This would be approximately 4800 individuals. As about 54% of the under-65 population is covered by fully-insured commercial policies (see Appendix B), the result would be about 2,650 non-fatal heart attacks per year in the commercial fully-insured population in Massachusetts.

A 1998 study reported that approximately 47% of people who are eligible for enrolling in a cardiac rehabilitation program after a heart attack utilize this form of rehabilitation.³⁹ Consequently, we estimated that there are approximately 1,250 individuals in the relevant Massachusetts population who use cardiac rehab annually. A 1988 study estimated the

³⁴ American Heart Association website: <<http://www.americanheart.org/>>

³⁵ Ibid.

³⁶ U.S. Census Bureau: <<http://quickfacts.census.gov/qfd/states/25000.html>>

³⁷ National Center for Chronic Disease Prevention and Health Promotion:
<<http://apps.nccd.cdc.gov/giscvh/profile.aspx>>

³⁸ University of Manitoba:

<http://www.umanitoba.ca/centres/mchp/reports/support_items/ntk_sex/Web_Graphs/Chapter3/WEBami_age_Aug2_05jb.xls>

³⁹ Evenson, Kelly R. PhD; Rosamond, Wayne D. PhD; Luepker, Russell V. MD. "Predictors of Outpatient Cardiac Rehabilitation: The Minnesota Heart Survey Registry." *Journal of Cardiopulmonary Rehabilitation*. 18(3): 192-198, May/June 1998.

costs of cardiac rehabilitation to be \$1,485 on average.⁴⁰ Applying the medical CPI⁴¹ from 1988 to June 2005, an adjusted 2004-2005 cost per rehabilitation episode was estimated at \$2,820. We multiplied the number of people using cardiac rehab in Massachusetts, 1,250, by the cost for a cardiac rehabilitation episode to arrive at an estimated cost of cardiac rehabilitation of \$3.5 million in 2004-2005. Based on the 2.998 million individuals in the commercial under-65 fully-insured population, this results in an estimated PMPM of \$0.10 for medical services; allowing for administrative loading makes the total \$0.11 PMPM, or 0.04% of premium in this population.

Clinical Trials for Treatment of Cancer

Detailed data collection to identify costs for clinical trials related to cancer treatment, and to separate costs associated with the clinical trial from those that would otherwise be incurred in treating the cancer, are not available, and could not be feasibly collected within the scope of this study. However, available data allow a suggestive calculation. It is estimated that approximately 10 million adults in the United States are diagnosed with cancer annually, and of those approximately 3-5% are involved in clinical trials.⁴² In addition, annual costs for cancer care in 1998 were approximately \$50 billion; inflated to 2004-2005 dollars these costs are at least \$65 billion, or approximately \$6,500 per patient per year. Based on the proportion of the U.S. population residing in Massachusetts, approximately 2.15% or 215,000 of these 10 million persons with cancer are in Massachusetts, and assuming the more conservative 5% value for clinical trials due to the density of teaching hospitals in Boston, approximately 10,750 adults are involved in clinical trials. Nationally, approximately two thirds of those in clinical trials are under 65 years of age,⁴³ so roughly 7,150 persons in Massachusetts under age 65 are in clinical trials. Approximately 54% of persons under 65 are in the commercial fully-insured population, implying approximately 3,900 persons in clinical trials covered by fully-insured commercial plans. Cancer care costs for fully-insured individuals participating in

⁴⁰ Ades, Philip A. MD; Pashkow, Fredric J. MD; Nestor, James R. PhD. "Cost-Effectiveness of Cardiac Rehabilitation". *Journal of Cardiopulmonary Rehabilitation*. 17(4):222-231, July/August 1997.

⁴¹ The source for all medical CPI figures referenced in this report was the Bureau of Labor and Statistics: <http://www.bls.gov/cpi/cpi_dr.htm>

⁴² National Cancer Institute Cancer Clinical Trials: The Basic Workbook. Available from: <<http://www.cancer.gov/clinicaltrials/resources/basicworkbook/>>

⁴³ Ibid.

clinical trials in Massachusetts, then, would be roughly \$6,500 per person times 3,900 persons, or \$25 million. A study in the Journal of the National Cancer Institute found that clinical trials for Cancer patients add approximately 10% to the costs of care for cancer patients.⁴⁴ This would imply clinical trial costs for cancer of roughly \$2.5 million annually, or \$0.07 PMPM in claims, \$0.08 PMPM (\$2.9 million total), or 0.03% of premium, after administrative loading. This estimate has significant uncertainty associated with it and its assumptions, but is likely to represent approximately the correct magnitude.

Cytological Screening (Pap Smear)

In 2004-2005, there were approximately 1.1 million women aged 19-64 in fully-insured commercial plans in Massachusetts (see Appendix B). Available data indicate that 89% of females in Massachusetts get a pap smear at least every three years.⁴⁵ In a more detailed national study 90% of women were reported to get a Pap smear at least every three years.⁴⁶ Given that the difference between the percentages are within the range of estimation error, we use the more detailed national data, which allow a calculation of the percentage of women receiving a Pap smear annually, which is approximately 72% (86% for the 20% of women who have had an abnormal Pap and 68% for the 80% who have not). Multiplying the estimated 1.1 million women by 72% yields an estimate of 792,000 women receiving the test annually.

We then estimated the price of a Pap smear in Massachusetts by pooling together estimates from various sources. A review from the American Medical Association reported the cost of a Pap smear as \$54.⁴⁷ Average billed charges for this service in a

⁴⁴ Wanger, JL, et al. "Incremental Costs of Enrolling Cancer Patients in Clinical Trials: A Population-Based Study." Journal of the National Cancer Institute, Vol. 91, No. 10, May 19, 1999.

⁴⁵ StateMaster: <http://www.statemaster.com/graph/hea_pap_sme_rat-health-pap-smear-rate>

⁴⁶ Sirovich, Brenda; Welch, Gilbert. "The Frequency of Pap Smear Screening in the United States." Journal of General Internal Medicine, Volume 19, March 2004, pp. 243-250.

⁴⁷ Taylor, MPA, Lynn A; Sorensen, MPH, Sonja V; et al. "Cost Effectiveness of the Conventional Papanicolaou Test with a New Adjunct to Cytological Screening for Squamous Cell Carcinoma of the Uterine Cervix and Its Precursors." American Medical Association. ARCH FARM MED. August 2000. Volume 9. <www.Archfammed.com>

health care claim reference database were approximately \$60; if commercial payers paid 75% of charges it would imply an average payment of \$45. Considering these data, we assumed the average cost to insurers of a Pap smear in Massachusetts to be \$50.

To estimate the overall costs for the population, we multiplied the estimated 792,000 females in Massachusetts ages 19-64 that were fully-insured under a commercial plan and received a Pap smear in 2004-2005, by our estimated 2005 cost of a pap smear, \$50, then adjusted to 2004-2005 dollars using the medical CPI. This results in an estimated claims cost effect of \$38.6 million (\$1.07 PMPM), \$44.9 million (\$1.25 PMPM) including administration, or 0.42% percent of premium.

Hearing Screening for Newborns

As a starting point for calculating the effect of the mandate related to hearing screening for newborns on commercial insurance costs in Massachusetts, a review of Census Bureau and other data determined that approximately 42,000 newborns in Massachusetts had coverage from fully-insured commercial plans (see Appendix B) in 2004-2005.

Using American Speech-Language-Hearing Association data we found the cost of newborn hearing screening tests ranged from \$25-\$60.⁴⁸ Analysis of health care claim data using the hearing screening service codes confirmed an average cost per test of approximately \$45.

We multiplied the number of newborns covered under a fully-insured commercial plan by our estimated test cost, resulting in an estimated claims cost of \$1.85 million (\$0.05 PMPM) after adjusting to a 2004-2005 basis using the medical CPI. With administrative loading this yields a total cost estimate of \$2.15 million (\$0.06 PMPM), or 0.02% percent of premium.

⁴⁸ “Facts on Newborn Hearing Loss and Screening.” American Speech-Language-Hearing Association. Rockville, MD: ASHA, N.D. <http://www.asha.org/about/legislation-advocacy/federal.ehdi/talking_points.htm>

Hospice Care

To calculate the effect of the hospice care mandate on commercial insurance costs in Massachusetts, we drew upon a report by the Hospice Association of America.⁴⁹ In the state of Massachusetts in 1999, there were \$41,410,000 in hospice care program Medicare payments.⁵⁰ In a 1998 study the distribution of hospice care payment sources was 70.2% for Medicare and 9.9% for private insurance.⁵¹ Assuming that the allocation percentages stayed approximately the same from 1998 to 1999, combining the data from the two studies results in a private insurance expense estimate of \$5.8 million (9.9% of implied total payments of \$59 million).⁵²

These commercial insurance costs were associated with the entire privately-insured population (employer self-insured + employer fully-insured + individual fully-insured) of 4.014 million, of which 2.998 million, or 74.7%, are fully-insured commercial members (see Appendix B for population estimates). Applying this scaling factor to the total private insurance cost, the annual fully-insured commercial insurance cost would be \$4.4 million in 1999 dollars. Adjusting to 2004-2005 dollars with medical CPI's yields an estimate of \$5.7 million. This represents a claims PMPM of \$0.16, \$0.18 with administration (\$6.6 million total dollars), or 0.06% of premium.

Lead Poisoning Screening

Coverage for lead poisoning screening is required for all children under 6 years of age. We estimate approximately 252,000 children below 6 years of age in Massachusetts were fully-insured in 2004-2005 (see Appendix B). From an analysis done by the Massachusetts Department of Public Health Childhood Lead Poisoning Prevention Program, we obtained the estimate that 51.4% of children under age 6 were screened for

⁴⁹ Hospice Association of America: <<http://www.nahch.org/Consumer/hpcstats.html>>

⁵⁰ CMS, Office of Information Services: Data from the Medicare Decision Support System; data development by the Office of Research, Development, and Information (October 2002).

⁵¹ US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2000 National Home and Hospice Care Survey, CD-ROM Series 13, No. 31. July 2002.

⁵² Medicare costs account for 70.2% of total hospice care costs, so dividing the \$41.4 million Medicare costs by .702 yields the total system cost estimate of \$59 million, 9.9% of which is assumed to be paid by commercial insurance.

lead poisoning in 2005.⁵³ Applying this to the 252,000 children in our population produced an estimate of 129,000 children screened for lead poisoning in Massachusetts under fully-insured commercial insurance plans.

The U.S. Environmental Protection Agency estimated the cost of blood tests for lead to be \$10-\$75.⁵⁴ Calculations performed on a health care claim database indicate that average billed cost for these tests is approximately \$50. Allowing for payments at a level lower than charges, we assume the cost of the average blood test for lead screening in Massachusetts to be \$40.

With these data, we multiplied the number of children in Massachusetts who were fully-insured under a commercial plan by the percentage of children who had lead screening tests in 2005 by our estimate of a blood test costing \$40. The product of these numbers adjusted to 2004-2005 levels with medical CPIs resulted in an estimated cost effect of the Lead Poisoning Screening mandate of \$5.1 million for medical claims, which is \$0.14 PMPM for testing, \$0.16 PMPM with administration (\$5.9 million), or 0.05% of premium.

Mammography

We estimate that in 2005 there were approximately 604,000 females in Massachusetts ages 40-64 covered under fully-insured commercial plans (see Appendix B). Available data suggest that 82.4% of Massachusetts females in this age group get a mammogram at least every two years.⁵⁵ We do not have direct information on the percentage of women receiving the test annually; however, we assume that there is at least some degree of annual testing among this pool of women testing at least every two years, which would raise the annual percentage above half the biennial percentage. Another study with a

⁵³ Massachusetts Department of Public Health Childhood Lead Poisoning Prevention Program: Accessed 27 Mar. 2005

<http://www.mass.gov/Eeohhs2/docs/dph/environmental/lead/screening_coummunity_fy05.xls>

⁵⁴ "FAQ-Lead Poisoning." U.S. Environmental Protection Agency-Region 2. New York: U.S. Environmental Protection Agency, 24 May 2005. <http://www.epa.gov/region02/faq/lead_p.htm>

⁵⁵ Statemaster: <http://www.statemaster.com/graph/hea_mam_tes-health-mammogram-testing>

more limited population found that 48.4% of women receive a mammogram each year.⁵⁶ Based on this result, we assume 48% of women receive a mammogram each year. Multiplying this percentage by the number of women in Massachusetts age 40-64 who were covered by fully-insured commercial plans (604,000, see Appendix B) suggests that approximately 290,000 of these women received a mammogram in 2004-2005.

We then estimated the price of a mammogram in Massachusetts. An estimate from one source suggested the cost of a mammogram in the range of \$100-\$150.⁵⁷ Queries of a healthcare claim database resulted in average billed charges of approximately \$170; if actual payment to the provider was three quarters of charges the average fee paid would be \$127.50. Based on these data, we assumed the average cost to insurers of a mammogram in Massachusetts to be \$125.

Using these data, we multiplied the estimated 290,000 females in Massachusetts ages 40-64 that were fully-insured under a commercial plan and received a mammogram in one year's time by our estimated 2005 cost of a mammogram, \$125. The product of these numbers yielded estimated claims costs of \$36.2 million, or \$1.01 PMPM. With administration the result is \$1.17 PMPM, \$42.1 million. Adjusting these numbers to 2004-2005 levels results in a final estimated claims cost of \$35.5 million, or \$0.99 PMPM, \$41.3 million or \$1.15 PMPM after administrative loading, representing 0.38% of total premium.

Maternity Health Care

To determine the effect of the maternity health care mandate on commercial insurance costs we consulted a study that measured the average full package costs of childbirth

⁵⁶Castellano, PZ; Wenger, NK; Graves, WL. "Adherence to screening guidelines for breast and cervical cancer in postmenopausal women with coronary heart disease: an ancillary study of volunteers for hers." J Womens Health Gend Based Med. 2001 Jun; 10(5):451-61.

<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11445044&dopt=Abstract>

⁵⁷Moore's Cancer Center:

<https://www.healthyeating.ucsd.edu/PatientCare/CIS/faq_topic.asp?cTopic=Cost+of+Mammograms&cApp=askcis&faqtoctype=t>

(neonatal, delivery, and post-partum costs) as between \$6,087-\$6,803.⁵⁸ Based on this study we assumed that the average cost was \$6,500 in the year 2000. Using the medical CPI, we estimated the average cost in 2004-2005 to be \$8,233.⁵⁹

We have estimated that there are approximately 42,000 births annually in Massachusetts that occur with fully-insured commercial coverage (see Appendix B). We multiplied the number of babies born in Massachusetts each year by our estimated full package cost of a birth and estimated the yearly total spent on maternity health care claims to be \$346 million (\$9.61 PMPM). With administrative loading, the PMPM estimate is \$11.18 (\$402 million), or 3.7% of premium.

Preventive Care for Children up to Age 6

To calculate the effect of the preventive care mandate (which includes physical examinations; medical history; measurements; sensory screenings; neuropsychiatric evaluations and developmental screenings; hereditary and metabolic screenings at birth; appropriate immunizations; tuberculin tests; hematocrit, hemoglobin or other appropriate blood tests; and urinalysis) on commercial insurance costs in Massachusetts we reviewed a 2005 study that observed all of these components with the exception of neuropsychiatric evaluations.⁶⁰

The study examined both not-at-risk and at-risk children by single year of age. Total costs for the aforementioned benefits were tabulated for each age category for both risk groups.

⁵⁸Stone, PW; Zwanziger, J; Hinton, Walker P; Buening, J. "Economic analysis of two models of low-risk maternity care: a freestanding birth center compared to traditional care". Res Nurs Health. 2000 Aug;23(4):279-89. <<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?CMD=search&DB=pubmed>>

⁵⁹Bureau of Labor and Statistics: <http://www.bls.gov/cpi/cpi_dr.htm>

⁶⁰Pediatric Preventive Care Cost, Estimated US Average, 2005, by Patient Age, according to Recommendations for Preventive Pediatric Health Care (RE9939) and Recommended Childhood and Adolescent Immunization Schedule, US, 2005." American Association of Pediatrics Childhood Immunization Support Program: <<http://www.cisimmunize.org/ZSchedule.pdf>>. (See also <<http://www.aap.org/policy/periodicity.pdf>> and <<http://www.aap.org/reserach/pedmedcostmodel.cfm>>.)

The average cost was computed as the weighted average of the at-risk and not at-risk groups. We applied equal (50-50) weights, based on research by the RAND Corporation which found that approximately 50% of children have at least one risk factor.⁶¹ We estimate the number of children under 6 years of age covered by fully-insured commercial insurance plans to be 252,000 in 2004-2005 (see Appendix B), with 42,000 in each age band. Multiplying the average cost for each age group by the estimated 42,000 children and summing the products results in an estimate of \$106 million, or \$2.95 PMPM. These costs do not include neuropsychiatric evaluations, as they were not included in the cited cost study. However, the costs do include newborn hearing screening, costs for which were estimated in the “Newborn Hearing Screening” section above. Lacking more specific data, we assume that the costs for hearing screening and neuropsychiatric evaluations are approximately equal, and that any difference is within the range of estimation error for the preventive care mandate as a whole. Based on this assumption, we find that the preventive care mandate’s \$2.95 PMPM is \$3.43 with administrative loading (\$123 million), or 1.14% of premium in 2005. Adjusting to 2004-2005 dollars results in a final estimate of \$2.89 claims PMPM (\$104 million), \$3.36 PMPM (\$121 million) with administrative loading, or 1.12% of premium.

Off-label Use of Prescription Drugs to Treat Cancer and Off-label Use of Prescription Drugs to Treat HIV/AIDS

It is not feasible to measure off-label prescription drug use in Massachusetts. Such measurement would require a large, dedicated research effort, a comprehensive claim database (preferably from Massachusetts), and extensive clinical definition of potential off-label use, associated diagnoses, etc. Even with such an effort, ambiguities would likely remain in the results. As such, an effort is outside the scope of this study; we are unable to include estimates for these two mandates in the study results. It was the opinion of the participating health plans that it is not feasible to monitor or measure the use of off-label drugs. As a result, for purposes of this study it is assumed that these

⁶¹ Karoly, Lynn A.; Kilburn, Rebecca M.; Cannon, Jill S. “Early Childhood Interventions, Proven Results, Future Promise” The RAND Corporation, 2005.

prescribing practices are not materially affected by the presence of the mandate and the marginal cost of the mandate is assumed to be zero.

Aggregated Results of Secondary Data Analysis

Table 29 below displays a summary of the cost estimates for mandates estimated using secondary data sources.

Table 29
Annual Required Direct Cost* Summary of Secondary Data Mandates
Adjusted to 2004-2005

<u>Mandate</u>	<u>Required Direct Cost Claims PMPM</u>	<u>Required Direct Cost PMPM w/Admin</u>	<u>Percent of Premium</u>	<u>Required Direct Annual Cost Total Dollars (000s)</u>
Alcoholism Rehabilitation	\$ -	\$ -	0.00%	\$ -
Bone Marrow Transplants for Treatment of Breast Cancer	\$ -	\$ -	0.00%	\$ -
Cardiac Rehabilitation	\$ 0.10	\$ 0.11	0.04%	\$ 4,099
Clinical Trials for Treatment of Cancer	\$ 0.07	\$ 0.08	0.03%	\$ 2,907
Cytologic Screening (Pap Smear)	\$ 1.07	\$ 1.25	0.42%	\$ 44,923
Hearing Screening for Newborns	\$ 0.05	\$ 0.06	0.02%	\$ 2,152
Hospice Care	\$ 0.16	\$ 0.18	0.06%	\$ 6,648
Lead Poisoning Screening	\$ 0.14	\$ 0.16	0.05%	\$ 5,894
Mammography	\$ 0.99	\$ 1.15	0.38%	\$ 41,262
Maternity Health Care (including minimum maternity stay)	\$ 9.61	\$ 11.18	3.73%	\$ 402,071
Preventive Care for Children up to Age 6 (including specific newborn testing)	\$ 2.89	\$ 3.36	1.12%	\$ 120,745
Off-label Use of Prescription Drugs to Treat Cancer	\$ -	\$ -	0.00%	\$ -
Off-label Use of Prescription Drugs to Treat HIV/AIDS	\$ -	\$ -	0.00%	\$ -
TOTAL	\$ 15.08	\$ 17.53	5.84%	\$ 630,700

* Required direct cost measures the expenditures for the benefit described in each mandate but does not remove from this cost the amount that would be provided in the absence of a legal mandate, and thus does not represent the cost impact of the mandate law.

In total, the mandates measured using secondary data sources had RDCs of \$631 million, which is \$17.53 PMPM, or 5.8% of premium. As discussed in the Methodology section, the marginal effect of these mandates on health care costs is assumed to be zero.

Discussion and Conclusions

The cost implications of 26 mandates were assessed in this report, thirteen by analysis of primary data (PD) and thirteen by analysis of secondary data (SD). The analysis of the PD mandates had the following characteristics:

- The specification for how to measure cost had extensive input from clinical and other resources at the four participating health plans.
- The participants from the plans deemed the benefits for these mandates to be in place at least partly due to the presence of the mandate law, so that at least part of the costs were likely direct results of the mandate legislation.
- A careful process of developing the specifications and performing quality control on the claim extracts received from the plans was executed.
- The estimates were drawn from a sample of plans which represented a large fraction of the total population being measured, that is, commercial insurance plans for those under 65 that are fully-insured and subject to the Commonwealth of Massachusetts' mandate laws.
- The computation of the RDC (required direct cost) claim results implied by the required benefits was precise and allowed for specific statistics on use rates, service categories, and other useful information related to the specific profile of services comprising the mandated benefit.
- Suggestive information about the portion of the costs for each mandate that might be attributable to the mandate law (marginal direct cost) was possible by comparison to claim experience in self-insured plans not subject to the mandate laws.
- Two of the thirteen PD mandates (chiropractic and scalp hair prostheses) drew on studies conducted previously by The Division using data from the Health Plans, and did not include data at the same level of detail.

The primary data mandates are estimated to have RDC of \$687 million, which is \$19.09 PMPM and 6.4% of premium, and marginal direct cost of no more than the \$687 million of RDC and no less than \$132 million, or 1.2% of premium.

The thirteen mandates analyzed with SD had the following characteristics:

- The mandates (i) were judged to require benefits that the plans would be likely to provide regardless of the mandate law (due to cost effectiveness, popularity with customers, or redundancy with Federal mandates), or (ii) had become clinically obsolete, or (iii) were not feasibly measurable or distinguishable from other covered benefits. As a result, for purposes of this study we assume that the marginal cost associated with the existence of these specific mandates is zero.
- Calculation of RDC was accomplished with aggregate, less precise estimates using literature-based parameters and other secondary data that establish general magnitudes of RDC for the benefit in question.
- Most estimates came from a combination of national and Massachusetts data that required adjustment to apply to the commercial fully-insured under-65 population in Massachusetts.
- Calculating marginal direct cost was not necessary as it was assumed to be zero.

The SD mandates are estimated to have RDC of \$631 million, which is \$17.53 PMPM and 5.8% of premium.

The 26 mandates in total represented in 2004-2005 approximately \$1.32 billion in required direct cost, or 12.2% of the average fully-insured commercial premium in the Commonwealth. However, no more than \$687 million, and possibly as little as \$132 million, of this cost is marginal direct cost, that is, cost that is a result of the mandate laws. The marginal direct cost, then, is somewhere in the range of 1.2% to 6.4% of premium. Table 30 displays health system costs for each percent of premium in this range.

While the range in Table 30 is relatively wide, and the scope of this study does not allow an empirical basis for narrowing the range, the actual cost impact is likely to be somewhere in the middle part of the range. As self-insured employers must compete in the labor market with fully-insured employers whose health insurance policies must

include the mandated benefits, self-insured benefits are clearly influenced by the presence of the mandate laws and the laws' effect on benefit structures at competing employers. Therefore it is likely that the 1.2% of premium in fully-insured costs over and above self-insured costs significantly understates the true impact. At the same time, it is unlikely that popular or cost-effective benefits like mental health and diabetes care would be completely removed from policies if the mandate laws were not in place, making the 6.4% of premium number (which assumes all costs of the thirteen mandates in the primary data group are marginal direct cost) likely to significantly overstate impact.

Table 30
Cost Implications of Impact Assumptions

Percent of Premium	PMPM	Dollars (millions)
1%	\$ 3.00	\$ 108
2%	\$ 6.00	\$ 216
3%	\$ 9.00	\$ 324
4%	\$ 12.00	\$ 432
5%	\$ 15.00	\$ 540
6%	\$ 18.00	\$ 648
7%	\$ 21.00	\$ 756

Based on the foregoing discussion, mid-range estimates in the three to four percent of premium (\$300 million to \$400 million annually) range, while not empirically supported, may be a reasonable estimate of the mandate law impact.

Exhibit 1

Summary of Mandates in Effect in the Commonwealth as of January 1, 2006

<u>Mandate</u>	<u>Summary of Requirements</u>
Alcoholism rehabilitation	Covers treatment for alcoholism at least equal to (1) 30 days per calendar year of in-patient treatment (insurer can substitute two days of outpatient treatment for one day of inpatient treatment) (2) \$500 in out-patient benefits over 12 month period.
Bone marrow transplants for treatment of breast cancer	Provides coverage for breast cancer patients who've progressed to metastatic disease if they meet criteria provided by DPH.
Cardiac rehabilitation	Covers the expense of cardiac rehabilitation (i.e., multidisciplinary, medically necessary treatment of persons with documented cardiovascular disease).
Chiropractic services	Covers expenses of chiropractic services. Applies to BCBS only, though other commercial insurers are subject to a chiropractor provider mandate.
Clinical trials for treatment of cancer	Provides coverage for patient care services for patients enrolled in a qualified clinical trial to the same extent as those services would be covered if the patient was not receiving care in a qualified clinical trial. A qualified clinical trial must be cancer-related and must meet various other criteria set forth in the law.
Contraceptive services	Outpatient contraceptive services and prescription contraceptive drugs and devices must be covered to the same extent as other such services. Law provides exclusions for church-affiliated employers.
Cytologic screening (Pap smear)	Mandated benefit is annual screening for women 18 years and older.
Diabetes-related services and supplies	Provides coverage for items medically necessary for diabetics that fall within a category of benefits and services for which coverage is otherwise afforded and that have been prescribed by a healthcare professional legally authorized to prescribe them: includes blood glucose monitors, monitoring strips, lancets, insulin, syringes, lab tests, urine & lipid profiles, special shoes, etc.
Early Intervention services	Pays for all "early intervention services" from birth to age 3 for children with or at risk for specific developmental delays including chromosomal abnormality, neurological condition, metabolic disorder, visual impairments, permanent hearing loss, and delayed cognitive, physical, communicative, social, or emotional development.
Hearing screening for newborns	Covers "the cost of a newborn hearing screening test."
Home Health Care	Covers expenses for the provision of home care services--services provided by a home health agency in a patient's residence.
Hormone Replacement Therapy (HRT)	Policies providing outpatient services "shall provide hormone replacement therapy services for peri and post menopausal women" (formularies allowed).
Hospice care	Mandates "coverage for licensed hospice services to terminally ill patients with a life expectancy of six months or less."
Human leukocyte antigen testing	Mandates "coverage for the cost of human leukocyte antigen testing or histocompatibility locus antigen testing that is necessary to establish bone marrow transplant donor suitability."
Infertility treatment	Policies including pregnancy-related benefits "shall provide, to the same extent that benefits are provided for other pregnancy-related procedures, coverage for medically necessary expenses of diagnosis and treatment of infertility."
Lead poisoning screening	Mandates coverage for screening for lead poisoning for all children under age six and others deemed at risk.

<u>Mandate</u>	<u>Summary of Requirements</u>
Low protein food products for inherited amino acid and organic acid diseases (PKU)	Covers low protein food products required to treat infants and children with specified metabolic disorders as well as fetuses of pregnant women with PKU.
Mammography	Covers one "baseline" mammogram between ages 35 and 40, and annual measurements thereafter.
Maternity health care (including minimum maternity stay)	Benefits providing for "expense of prenatal care, childbirth and post partum care to the same extent as provided for medical conditions not related to pregnancy" with "minimum 48 hours of in-patient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a caesarean section."
Mental health care	Covers "the diagnosis and treatment of the following biologically-based mental disorders...1) schizophrenia, 2) schizoaffective disorder, 3) major depressive disorder, 4) bipolar disorder, 5) paranoia and other psychotic disorders, 6) obsessive-compulsive disorder, 7) panic disorder, 8) delirium and dementia, 9) affective disorders, and 10) any biologically-based mental disorders...recognized by the Commissioner of the Department of Mental Health"
Nonprescription enteral formulas	"[C]overage for nonprescription enteral formulas for home use...which are medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, gastrointestinal motility, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids...in an amount not to exceed \$2,500" annually.
Preventive care for children up to age six (including specific newborn testing)	Covers "preventive and primary care services for children...through the attainment of six years of age" including "physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and developmental screening, hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin, or other appropriate blood tests, and unanalysis."
Off-label uses of prescription drugs to treat cancer	The commissioner of insurance shall establish a panel of medical experts to review off-label uses of prescription drugs for the treatment of cancer for medical appropriateness and shall direct insurers to make payments consistent with those recommendations.
Off-label uses of prescription drugs to treat HIV/AIDS	Policies will be required to cover prescription drugs for off-label use in the treatment of HIV/AIDS if the drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature.
Scalp hair prostheses for cancer patients	Policies providing coverage for any other prosthesis shall provide coverage for expenses for scalp hair prostheses worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia in an amount not to exceed \$350 per year.
Speech, hearing and language disorders	Provides for "expenses incurred in the medically necessary diagnosis and treatment of speech, hearing and language disorders by individuals licensed as speech-language pathologists or audiologists."

Appendices

Appendix A: State-by-State Mandate Comparison

Appendix B: Estimates of Population Sub-sets

Appendix C: Data Pull Matrix

Appendix A: State-by-State Mandate Comparison

Source: Council For Affordable Insurance

			AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS
BENEFITS	Total	Est.Cost																										
Alcoholism	45	1% to 3%	Y	Y	Y		Y	Y	Y	Y		Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Alzheimer's	2	<1%																					Y					
Amulatory Surgery	12	1% to 3%			Y	Y						Y	Y	Y						Y	Y					Y	Y	
Ambulance Services	8	<1%							Y			Y									Y				Y			Y
Anti-Psychotic Drugs	2	<1%																										
Autism	7	<1%									Y		Y		Y			Y		Y			Y				Y	
Birthing Centers/Midwives	6	<1%						Y				Y																
Blood Lead Poisoning	7	<1%					Y				Y										Y						Y	
Blood Products	2	<1%																					Y					
Bone Marrow Transplants	10	<1%										Y	Y							Y		Y				Y	Y	
Bone Mass Measurement	15	<1%					Y					Y					Y		Y	Y		Y				Y	Y	
Breast Reconstruction	48	<1%	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Cancer Pain Medications	2	<1%																										
Cervical Cancer/HPV Screening	28	<1%	Y				Y		Y	Y	Y		Y				Y				Y	Y	Y	Y		Y	Y	
Chemotherapy	4	<1%																									Y	
Chlamydia	3	<1%											Y										Y					
Cleft Palate	14	<1%						Y				Y					Y		Y			Y				Y		
Clinical Trials	21	<1%				Y	Y		Y		Y		Y								Y	Y	Y	Y		Y	Y	
Colorectal Caner Screening	22	<1%		Y	Y				Y	Y	Y		Y					Y	Y		Y		Y			Y	Y	
Congenital Bleeding Disorders	2	<1%																										
Contraceptives	30	1% to 3%			Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y			Y		Y	Y	Y		Y	Y	
Dental Anesthesia	29	<1%			Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y
Diabetes Self-Management	27	<1%	Y		Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y			Y	Y	
Diabetic Supplies	47	<1%	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Drug Abuse Treatment	34	<1%	Y	Y	Y		Y		Y	Y	Y	Y	Y	Y					Y				Y	Y	Y	Y	Y	Y
Emergency Services	43	<1%		Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hair Prostheses	7	<1%							Y													Y	Y			Y	Y	
Hearing Aid	9	<1%							Y												Y	Y		Y		Y		
Home Health Care	19	<1%				Y	Y	Y	Y			Y										Y		Y	Y			
Hospice Care	11	<1%			Y				Y					Y							Y		Y	Y	Y			
In Vitro Fertilization	14	3% to 5%		Y			Y		Y					Y			Y				Y	Y	Y					
Kidney Disease	1	<1%																										
Long Term Care	4	1% to 3%								Y													Y					
Lyme Disease	3	<1%							Y																	Y	Y	
Mammogram	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mastectomy	23	<1%			Y		Y		Y			Y	Y				Y		Y	Y		Y		Y		Y	Y	
Mastectomy Stay	24	<1%			Y		Y		Y			Y	Y							Y				Y			Y	
Maternity	21	1% to 3%			Y		Y	Y	Y	Y			Y	Y						Y		Y	Y	Y		Y	Y	
Maternity Stay	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health General	40	1% to 3%		Y	Y		Y	Y	Y	Y		Y	Y	Y				Y			Y	Y	Y	Y	Y	Y	Y	Y
Mental Health Parity	42	5% to 10%		Y	Y		Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Minimum Hysterectomy Stay	1	<1%																										
Minimum Testicular Cancer Stays	1	<1%																										
Morbid Obesity Treatment	4	1% to 3%											Y					Y					Y					
Neurodevelopment Therapy	1	<1%																										
Newborn Hearing Screening	16	<1%									Y	Y							Y				Y	Y			Y	
Newborn Sickle-Cell Testing	3	<1%																									Y	
Off-Label Drug Use	37	<1%	Y	Y	Y	Y	Y		Y		Y	Y	Y				Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
Orthotics/Prothetics	10	<1%					Y	Y	Y			Y												Y	Y	Y		
Ostomy Related Supplies	1	<1%							Y																			
Other Infertility Services	8	<1%					Y											Y								Y		
Ovarian Cancer Screening	3	<1%											Y					Y								Y		
PKU/Formula	33	<1%	Y		Y	Y		Y	Y	Y		Y		Y				Y			Y	Y	Y	Y	Y	Y	Y	
Port-wine Stain Elimination	2	<1%																								Y		
Prescription Drugs	2	5% to 10%																							Y			
Prostate Screening	32	<1%					Y	Y	Y	Y	Y		Y					Y	Y	Y		Y	Y	Y		Y	Y	
Rehabilitation Services	8	<1%	Y						Y									Y				Y	Y		Y			
Second Surgical Opinion	9	1% to 3%					Y												Y								Y	
TMJ Disorders	19	<1%			Y							Y	Y					Y		Y				Y		Y	Y	
Well-Child Care	31	1% to 3%			Y		Y	Y	Y	Y		Y	Y	Y	Y			Y			Y	Y	Y			Y	Y	Y
Wilm's Tumor	1	<1%																										

			MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY
BENEFITS	Total	Est.Cost																									
Alcoholism	45	1% to 3%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Alzheimer's	2	<1%																	Y								
Amulatory Surgery	12	1% to 3%									Y		Y												Y		
Ambulance Services	8	<1%								Y	Y		Y														
Anti-Psychotic Drugs	2	<1%																							Y		
Autism	7	<1%						Y																			
Birthing Centers/Midwives	6	<1%		Y					Y						Y									Y			
Blood Lead Poisoning	7	<1%						Y									Y								Y		
Blood Products	2	<1%									Y																
Bone Marrow Transplants	10	<1%					Y	Y												Y		Y					
Bone Mass Measurement	15	<1%		Y		Y			Y		Y		Y				Y		Y	Y							
Breast Reconstruction	48	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Cancer Pain Medications	2	<1%				Y															Y						
Cervical Cancer/HPV Screening	28	<1%	Y					Y	Y	Y	Y	Y		Y	Y	Y	Y		Y	Y		Y				Y	Y
Chemotherapy	4	<1%									Y				Y												
Chlamydia	3	<1%																	Y								
Cleft Palate	14	<1%		Y		Y												Y				Y	Y		Y	Y	
Clinical Trials	21	<1%		Y			Y		Y	Y	Y								Y		Y		Y	Y		Y	
Colorectal Caner Screening	22	<1%		Y	Y					Y			Y				Y			Y	Y		Y			Y	Y
Congenital Bleeding Disorders	2	<1%							Y												Y						
Contraceptives	30	1% to 3%		Y			Y	Y	Y	Y	Y		Y				Y			Y	Y	Y	Y	Y		Y	
Dental Anesthesia	29	<1%	Y	Y	Y	Y	Y	Y		Y			Y						Y		Y		Y	Y	Y	Y	
Diabetes Self-Management	27	<1%		Y				Y	Y	Y	Y		Y	Y						Y	Y		Y	Y	Y	Y	Y
Diabetic Supplies	47	<1%	Y	Y		Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Drug Abuse Treatment	34	<1%	Y	Y	Y		Y		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Emergency Services	43	<1%	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hair Prostheses	7	<1%					Y						Y														
Hearing Aid	9	<1%			Y												Y			Y							
Home Health Care	19	<1%	Y						Y	Y	Y	Y					Y				Y		Y	Y	Y		
Hospice Care	11	<1%									Y	Y										Y		Y			
In Vitro Fertilization	14	3% to 5%	Y						Y	Y							Y				Y						Y
Kidney Disease	1	<1%																								Y	
Long Term Care	4	1% to 3%												Y												Y	
Lyme Disease	3	<1%															Y										
Mammogram	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mastectomy	23	<1%	Y	Y					Y			Y	Y	Y	Y	Y	Y	Y			Y						
Mastectomy Stay	24	<1%	Y	Y					Y	Y		Y	Y	Y	Y	Y	Y	Y		Y	Y					Y	
Maternity	21	1% to 3%	Y				Y		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y			
Maternity Stay	50	<1%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Mental Health General	40	1% to 3%	Y			Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health Parity	42	5% to 10%	Y			Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y
Minimum Hysterectomy Stay	1	<1%																				Y					
Minimum Testicular Cancer Stays	1	<1%																									
Morbid Obesity Treatment	4	1% to 3%																				Y					
Neurodevelopment Therapy	1	<1%																						Y			
Newborn Hearing Screening	16	<1%	Y	Y	Y	Y			Y	Y							Y			Y		Y				Y	
Newborn Sickle-Cell Testing	3	<1%					Y						Y				Y										
Off-Label Drug Use	37	<1%		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y			
Orthotics/Prothetics	10	<1%						Y						Y													
Ostomy Related Supplies	1	<1%																									
Other Infertility Services	8	<1%	Y						Y	Y		Y														Y	
Ovarian Cancer Screening	3	<1%																									
PKU/Formula	33	<1%	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y				Y	Y	Y	Y		Y	Y		
Port-wine Stain Elimination	2	<1%																						Y			
Prescription Drugs	2	5% to 10%																						Y			
Prostate Screening	32	<1%		Y	Y				Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y		Y			Y
Rehabilitation Services	8	<1%									Y	Y															Y
Second Surgical Opinion	9	1% to 3%						Y			Y						Y							Y	Y	Y	Y
TMJ Disorders	19	<1%		Y	Y	Y				Y	Y									Y		Y	Y	Y	Y	Y	Y
Well-Child Care	31	1% to 3%	Y	Y			Y	Y		Y	Y	Y	Y		Y	Y					Y	Y	Y		Y		
Wilm's Tumor	1	<1%							Y																		

Appendix B: Estimates of Population Subsets

Mandate costs were estimated for the Massachusetts under-65 fully-insured commercial insurance population. According to the Kaiser Family Foundation⁶² there are about 3.762 million Massachusetts residents covered by employer-sponsored (fully-insured and self-insured) commercial health insurance. The Massachusetts Division of Health Care Finance and Policy reported that about 73% of these individuals are covered by fully-insured plans. We multiplied this percentage by the total employer-sponsored population to produce an estimate of 2.746 million individuals in Massachusetts with fully-insured employer-sponsored insurance. The Kaiser data also include estimates that in Massachusetts in 2004-2005 there were about 252,000 residents covered by individually purchased health insurance.⁶³ Therefore, the total estimated fully-insured under-65 population was about 2.998 million individuals. Furthermore, the fully-insured under-65 population (including both employer-sponsored and individual) is about 74.7% of the entire commercially insured population. Employer-sponsored self-insured plans are the remaining 25.3%.

This estimate serves as the starting point in Table B1 for the breakdown into age and sex estimates. Population estimates for various age and sex subsets were required for the cost calculations for certain mandates. Data from a variety of sources were utilized to estimate the subsets. The results of the calculations are displayed below in Table B1.

⁶² www.statehealthfacts.org

⁶³ Ibid.

Table B1
Massachusetts Under-65 Commercial
Fully-Insured Population
Subset Estimates For 2004-2005 (In 000)s

Sub-Pop	Total	Females
All Ages	2,998	1,514
Births	42	20
Under 5	210	102
Under 6	252	123
Age 40-64	1,161	604
Age 19-64	2,149	1,096

Split of Commercial Fully-insured Population by Age

The total commercial fully-insured non-elderly population was distributed by age by the following process. The Kaiser Family Foundation web site showed that approximately 2,688,000 Massachusetts residents aged 19-64 were covered by employer-sponsored health insurance and that approximately 187,000 individuals were covered by individually purchased health insurance. Assuming that 73% of those covered by employer-sponsored plans were covered by fully-insured employer sponsored plans, then the total enrollment for ages 19-64 in fully-insured commercial health insurance plans is approximately 2,149,000, which is derived by multiplying 2,688,000 by .73 and adding 187,000.

For specific mandates, a further split of the 19-64 population between 19-39 and 40-64 was required. This split was accomplished by referring to Census Bureau statistics which split the total Massachusetts population into 5 and 10 year age groupings and assuming that the commercial fully-insured population was similarly distributed by age. These statistics indicated that 54% of the Massachusetts population aged 19-64 was in the 40-64 range, so the enrollment in commercial fully-insured health plans is estimated as 1.161 million (= 0.54 x 2,149,000).

For the age 0-18 population, a Kaiser report estimated that 71.5% of this population was covered by employer sponsored or individually purchased health insurance. If we

assume that 73% of these individuals are covered by fully-insured plans, then the estimate of children ages 0-18 who are covered by fully-insured commercial health plans can be derived by multiplying the total relevant population by .715 and then by .747.

For the purposes of these mandates, the age groupings of interest in the 0-18 age range are newborns, children under 5 and children under 6. U.S. Census data indicate that the under 5 population (ages 0-4) in Massachusetts was about 395,000 in 2004-2005. Assuming an even distribution by age would mean that there were about 79,000 children at each age. Applying the factors indicated in the previous paragraph would result in about 42,000 children at each age that would be covered by commercial fully-insured health plans. Therefore, we anticipate about 79,000 newborns each year, of which 42,000 will be covered by commercial fully-insured health plans, 395,000 (79,000 x 5) children under 5, of whom 210,000 are covered by commercial fully-insured plans. To estimate the under-6 population we assume the same 79,000 children in this age cohort and apply the above factor, yielding a total of 252,000 children under 6 in the covered population.

Split of Commercial Fully-insured Population by Gender

The Kaiser Family Foundation data indicate that 50% of the non-elderly (0-64) with employer-sponsored coverage were female.⁶⁴ The Census Bureau web site indicates that the Massachusetts overall non-elderly population is similarly split between males and females. The Census Bureau web site also provides a male-female mix by different age groupings, which show a pattern of an increasing female percentage at higher ages. We have assumed that the male-female mix for the insured population will vary by age in the same fashion as for the overall population. Based on these data, we assumed the following female percentages by age:

⁶⁴<http://www.statehealthfacts.org>

Newborns	.485
Ages 1 – 5	.490
Ages 40-64	.520
Ages 19-64	.51
Ages 0 – 64	.505

These calculations result in the gender mix for the commercially insured age groupings summarized in Table B1.

Appendix C: Data Pull Matrix
Data Extraction Instructions by Mandate

	Standardized		Diabetes		Mental Health	
Field/Criterion	Field/Criterion		1	2	3	4
Description	Name		Condition	Value	Condition	Value
Plan Developed Indicators						
Medicare	MC		Equal	No	Equal	No
Age	Age		Equal	< 65	Equal	< 65
Plan has Rx Carve Out	Rx_Carve		Equal	No	Equal	No
Fully Insured (FI)	FI		Equal One	Yes/No	Equal One	Yes/No
Geography	GEO		Member Principal Place of Emp. or Res. In MA	1, 2, 3, 4	Member Principal Place of Emp. or Res. In MA	1, 2, 3, 4
Dates of Service	DOS		In	7/1/04-6/30/05	In	7/1/04-6/30/05
Month of Service Start	MOS	■	Calculate	All	Calculate	All
Month of Service End	MOE	■	Calculate	All	Calculate	All
Sex	Sex	■		All		All
Year of birth	YOB	■	Calculate	All	Calculate	All
Standard Claim Fields						
Provider Type	PT	■	Create As	Null	Create As	Null
Place of Service	POS	■	Create As	Null	Create As	Null
ICD-9 Diagnosis Code 1 (primary)	Dx_1		In	250, 357.2, 362.0, 366.41, 648.0	In	MENT_1
ICD-9 Diagnosis Code 2	Dx_2		In	250, 357.2, 362.0, 366.41, 648.0	In	MENT_1
ICD-9 Diagnosis Code 3	Dx_3				In	MENT_1
ICD-9 Diagnosis Code 4	Dx_4					
ICD-9 Diagnosis Code 5	Dx_5					
ICD9 Procedure Code (primary)	ICD9_1	■	Create As	Null	Create As	Null
Revenue Code	Rev_Code	■	Create As	Null	In	MENT_2
HCPCS/CPT-4 Procedure Code	Proc_Code	■	In	A4253, E0609, E2100, A4250, W4675, W4676, A4259, J1815-J1817, S8490, 83036, 82043-82044, 80061, 82645, 83715-83716, 83718-83719, 83721, 84023, 84478, E0779, E0780, E0781, E0791, E1520, S5560, S5561, S5570, S5571, A5500-A5513, G0108, G0109, E0607, A9275	In	MENT_3, MENT_4
HCPCS/CPT-4 Procedure Code Modifier (Primary)	Modifier	■	Create As	Null	Create As	Null
NDC drug code	NDC	■	In	DIAB_1	Create As	Null
Amount paid	Dollars	■	Calculate	SUM	Calculate	SUM
Units of Service	Units	■	Calculate	SUM	Calculate	SUM

	Standardized		Home Health		Nonprescrip. Ent.	
Field/Criterion	Field/Criterion		5	6	7	8
Description	Name		Condition	Value	Condition	Value
Plan Developed Indicators						
Medicare	MC		Equal	No	Equal	No
Age	Age		Equal	< 65	Equal	< 65
Plan has Rx Carve Out	Rx_Carve		Equal	No	Equal	No
Fully Insured (FI)	FI		Equal One	Yes/No	Equal One	Yes/No
Geography	GEO		Member Principal Place of Emp. or Res. In MA	1, 2, 3, 4	Member Principal Place of Emp. or Res. In MA	1, 2, 3, 4
Dates of Service	DOS		In	7/1/04-6/30/05	In	7/1/04-6/30/05
Month of Service Start	MOS	:	Calculate	All	Calculate	All
Month of Service End	MOE	:	Calculate	All	Calculate	All
Sex	Sex	:		All		All
Year of birth	YOB	:	Calculate	All	Calculate	All
Standard Claim Fields						
Provider Type	PT	:		All	Create As	Null
Place of Service	POS	:	Equal	Home		All
ICD-9 Diagnosis Code 1 (primary)	Dx_1				In	270.1-277.9, 555.x, 556.x, 530.1, 579.8, 530.11
ICD-9 Diagnosis Code 2	Dx_2					
ICD-9 Diagnosis Code 3	Dx_3					
ICD-9 Diagnosis Code 4	Dx_4					
ICD-9 Diagnosis Code 5	Dx_5					
ICD9 Procedure Code (primary)	ICD9_1	:	Create As	Null	Create As	Null
Revenue Code	Rev_Code	:	Create As	Null	Create As	Null
HCPCS/CPT-4 Procedure Code	Proc_Code	:		All	In	B4150, B4151, B4153, B4154, B4155, B4152, B4156
HCPCS/CPT-4 Procedure Code Modifier (Primary)	Modifier	:	Create As	Null	Create As	Null
NDC drug code	NDC	:	Create As	Null	Create As	Null
Amount paid	Dollars	:	Calculate	SUM	Calculate	SUM
Units of Service	Units	:	Calculate	SUM	Calculate	SUM

	Standardized		Speech/Hearing		Infertility (Primary)	
Field/Criterion	Field/Criterion		9	10	11	12
Description	Name		Condition	Value	Condition	Value
Plan Developed Indicators						
Medicare	MC		Equal	No	Equal	No
Age	Age		Equal	< 65	Equal	< 65
Plan has Rx Carve Out	Rx_Carve		Equal	No	Equal	No
Fully Insured (FI)	FI		Equal One	Yes/No	Equal One	Yes/No
Geography	GEO		Member Principal Place of Emp. or Res. In MA	1, 2, 3, 4	Member Principal Place of Emp. or Res. In MA	1, 2, 3, 4
Dates of Service	DOS		In	7/1/04-6/30/05	In	7/1/04-6/30/05
Month of Service Start	MOS	:	Calculate	All	Calculate	All
Month of Service End	MOE	:	Calculate	All	Calculate	All
Sex	Sex	:		All		All
Year of birth	YOB	:	Calculate	All	Calculate	All
Standard Claim Fields						
Provider Type	PT	:	Create As	Null	Create As	Null
Place of Service	POS	:	DOES NOT Equal	School	Create As	Null
ICD-9 Diagnosis Code 1 (primary)	Dx_1		In	SPEECH_1	In	628.0-628.9, 606.0-606.9, V26.0, V26.1, V26.2x, V26.5x
ICD-9 Diagnosis Code 2	Dx_2					
ICD-9 Diagnosis Code 3	Dx_3					
ICD-9 Diagnosis Code 4	Dx_4					
ICD-9 Diagnosis Code 5	Dx_5					
ICD9 Procedure Code (primary)	ICD9_1	:	Create As	Null	Equal	69.92
Revenue Code	Rev_Code	:	Create As	Null	Create As	Null
HCPCS/CPT-4 Procedure Code	Proc_Code	:	In	92507, 92508, 92510, 92526, 92605, 92606, 92607, 92608, 90209, 92610, 92612, 92614, 92616, V5362, V5363, V5364		55870, 58321-58323, 58340, 58825, 58970-58976, 59866, S4011-S4040, S4042, 74740, 89250-89356, J3355, J0725, S0128, S0126, S0122, S4042, 99241-99245, 99211-99215, 99201-99205, 99384-99387, 99394-99397, 99401-99402, 49320, 49321, 49322, 58555, 58558, 83001, 83002, 83890-83912, 82670, 84144, 84146, 84443, 84702, 84703, 88261-88264, 88280-88289, 88271-88275, 88291
HCPCS/CPT-4 Procedure Code Modifier (Primary)	Modifier	:	Create As	Null	Create As	Null
NDC drug code	NDC	:	Create As	Null	In	IVF_1
Amount paid	Dollars	:	Calculate	SUM	Calculate	SUM
Units of Service	Units	:	Calculate	SUM	Calculate	SUM

	Standardized		Contraceptive		Hormone Replace.	
Field/Criterion	Field/Criterion		13	14	15	16
Description	Name		Condition	Value	Condition	Value
Plan Developed Indicators						
Medicare	MC		Equal	No	Equal	No
Age	Age		Equal	< 65	Equal	< 65
Plan has Rx Carve Out	Rx_Carve		Equal	No	Equal	No
Fully Insured (FI)	FI		Equal One	Yes/No	Equal One	Yes/No
			Member Principal		Member Principal	
Geography	GEO		Place of Emp. or Res.		Place of Emp. or Res.	
Dates of Service	DOS		In MA	1, 2, 3, 4	In MA	1, 2, 3, 4
Month of Service Start	MOS		In	7/1/04-6/30/05	In	7/1/04-6/30/05
Month of Service End	MOE		Calculate	All	Calculate	All
Sex	Sex		Calculate	All	Calculate	All
Year of birth	YOB		Equal	Female	Equal	Female
			Calculate	All	Calculate	All
Standard Claim Fields						
Provider Type	PT		Create As	Null	Create As	Null
Place of Service	POS		Create As	Null	Create As	Null
ICD-9 Diagnosis Code 1 (primary)	Dx_1			V25.01-V25.09, V25.1, V25.40-V25.49, V25.5-V25.9, V26.4, V45.51-V45.59, 996.32		627.0-627.9, 256.0, 256.2-256.39, 716.30-716.39, 733.01, V07.4, V49.81, V82.81
ICD-9 Diagnosis Code 2	Dx_2			V25.01-V25.09, V25.1, V25.40-V25.49, V25.5-V25.9, V26.4, V45.51-V45.59, 996.32		627.0-627.9, 256.0, 256.2-256.39, 716.30-716.39, 733.01, V07.4, V49.81, V82.81
ICD-9 Diagnosis Code 3	Dx_3			V25.01-V25.09, V25.1, V25.40-V25.49, V25.5-V25.9, V26.4, V45.51-V45.59, 996.32		627.0-627.9, 256.0, 256.2-256.39, 716.30-716.39, 733.01, V07.4, V49.81, V82.81
ICD-9 Diagnosis Code 4	Dx_4			V25.01-V25.09, V25.1, V25.40-V25.49, V25.5-V25.9, V26.4, V45.51-V45.59, 996.32		627.0-627.9, 256.0, 256.2-256.39, 716.30-716.39, 733.01, V07.4, V49.81, V82.81
ICD-9 Diagnosis Code 5	Dx_5			V25.01-V25.09, V25.1, V25.40-V25.49, V25.5-V25.9, V26.4, V45.51-V45.59, 996.32		627.0-627.9, 256.0, 256.2-256.39, 716.30-716.39, 733.01, V07.4, V49.81, V82.81
ICD9 Procedure Code (primary)	ICD9_1			69.7, 96.17, 97.71, 97.73	Create As	Null
Revenue Code	Rev_Code		Create As	Null	Create As	Null
HCPSCS/CPT-4 Procedure Code	Proc_Code			11975, 11976, 11977, 57170, S4981, S4989, S4993, J1050, J1055, J1056, J7302, J7304, J7300, J7303, J7306, A4260, A4261, A4266, A4267, A4268, A4269, 99241, 99245, 99211-99215, 99201-99205, 99384-99387, 99394-99397, 99401-99402, 99281-99285		11980, J1380, J1390, J1410, J1436, 99241-99245, 99211-99215, 99201-99205, 99384-99387, 99394-99397, 99401-99402, 83001, 83002
HCPSCS/CPT-4 Procedure Code Modifier (Primary)	Modifier		Create As	Null	Create As	Null
NDC drug code	NDC		In	CONTRA_1	In	HRT_1
Amount paid	Dollars		Calculate	SUM	Calculate	SUM
Units of Service	Units		Calculate	SUM	Calculate	SUM

	Standardized		HLA Testing		Low Protein	
Field/Criterion	Field/Criterion		17	18	19	20
Description	Name		Condition	Value	Condition	Value
Plan Developed Indicators						
Medicare	MC		Equal	No	Equal	No
Age	Age		Equal	< 65	Equal	< 65
Plan has Rx Carve Out	Rx_Carve		Equal	No	Equal	No
Fully Insured (FI)	FI		Equal One	Yes/No	Equal One	Yes/No
Geography	GEO		Member Principal Place of Emp. or Res. In MA	1, 2, 3, 4	Member Principal Place of Emp. or Res. In MA	1, 2, 3, 4
Dates of Service	DOS		In	7/1/04-6/30/05	In	7/1/04-6/30/05
Month of Service Start	MOS	:	Calculate	All	Calculate	All
Month of Service End	MOE	:	Calculate	All	Calculate	All
Sex	Sex	:		All		All
Year of birth	YOB	:	Calculate	All	Calculate	All
Standard Claim Fields						
Provider Type	PT	:	Create As	Null	Create As	Null
Place of Service	POS	:	Create As	Null		All
ICD-9 Diagnosis Code 1 (primary)	Dx_1		In	V70.8, V59.3, V59.9		
ICD-9 Diagnosis Code 2	Dx_2					
ICD-9 Diagnosis Code 3	Dx_3					
ICD-9 Diagnosis Code 4	Dx_4					
ICD-9 Diagnosis Code 5	Dx_5					
ICD9 Procedure Code (primary)	ICD9_1	:	Create As	Null	Create As	Null
Revenue Code	Rev_Code	:	Create As	Null	Create As	Null
HCPCS/CPT-4 Procedure Code	Proc_Code	:	In	86812, 86813, 86816, 86817, 83890-83912	In	S9435, S9434, B4161, B4162
HCPCS/CPT-4 Procedure Code Modifier (Primary)	Modifier	:	Create As	Null	Create As	Null
NDC drug code	NDC	:	Create As	Null	Create As	Null
Amount paid	Dollars	:	Calculate	SUM	Calculate	SUM
Units of Service	Units	:	Calculate	SUM	Calculate	SUM

	Standardized		Early Intervention	
Field/Criterion	Field/Criterion		<u>21</u>	<u>22</u>
Description	Name		Condition	Value
Plan Developed Indicators				
Medicare	MC		Equal	No
Age	Age		Equal	< 3
Plan has Rx Carve Out	Rx_Carve		Equal	No
Fully Insured (FI)	FI		Equal One	Yes/No
Geography	GEO		Member Principal Place of Emp. or Res. In MA	1, 2, 3, 4
Dates of Service	DOS		In	7/1/04-6/30/05
Month of Service Start	MOS	:	Calculate	All
Month of Service End	MOE	:	Calculate	All
Sex	Sex	:		All
Year of birth	YOB	:	Calculate	All
Standard Claim Fields				
Provider Type	PT	:	Equal	Cert. EI Provider
Place of Service	POS	:		All
ICD-9 Diagnosis Code 1 (primary)	Dx_1			
ICD-9 Diagnosis Code 2	Dx_2			
ICD-9 Diagnosis Code 3	Dx_3			
ICD-9 Diagnosis Code 4	Dx_4			
ICD-9 Diagnosis Code 5	Dx_5			
ICD9 Procedure Code (primary)	ICD9_1	:	Equal	65.54
Revenue Code	Rev_Code	:	Create As	Null
HCPCS/CPT-4 Procedure Code	Proc_Code	:	In	H2015, T1015, T1023, T1024, T1027, 96153, 99XXX
HCPCS/CPT-4 Procedure Code Modifier (Primary)	Modifier	:	In	AH, AJ, GN, GO, GP, HN, TD, TE, TL
NDC drug code	NDC	:	Create As	Null
Amount paid	Dollars	:	Calculate	SUM
Units of Service	Units	:	Calculate	SUM

Codes Lists Referred to by a List Identifier in the Mandate Data Extraction Instructions

Diabetes Mandate

<u>NDC Code</u>	<u>Generic Product Name</u>	<u>Obsolete Date</u>
63874035701	Chlorpropamide Tab 250 MG	
63874035702	Chlorpropamide Tab 250 MG	
63874035710	Chlorpropamide Tab 250 MG	
63874035712	Chlorpropamide Tab 250 MG	
63874035714	Chlorpropamide Tab 250 MG	
63874035715	Chlorpropamide Tab 250 MG	
63874035720	Chlorpropamide Tab 250 MG	
63874035721	Chlorpropamide Tab 250 MG	
63874035724	Chlorpropamide Tab 250 MG	
63874035730	Chlorpropamide Tab 250 MG	
63874035740	Chlorpropamide Tab 250 MG	
63874035760	Chlorpropamide Tab 250 MG	
55887069330	Glipizide Tab 10 MG	
55887069360	Glipizide Tab 10 MG	
55887069390	Glipizide Tab 10 MG	
63874043201	Glipizide Tab 10 MG	
63874043202	Glipizide Tab 10 MG	
63874043204	Glipizide Tab 10 MG	
63874043210	Glipizide Tab 10 MG	
63874043214	Glipizide Tab 10 MG	
63874043220	Glipizide Tab 10 MG	
63874043221	Glipizide Tab 10 MG	
63874043224	Glipizide Tab 10 MG	
63874043228	Glipizide Tab 10 MG	
63874043230	Glipizide Tab 10 MG	
63874043250	Glipizide Tab 10 MG	
63874043260	Glipizide Tab 10 MG	
63874043281	Glipizide Tab 10 MG	
63874043290	Glipizide Tab 10 MG	
55887072730	Glipizide Tab 5 MG	
55887072760	Glipizide Tab 5 MG	
55887072790	Glipizide Tab 5 MG	
63874031601	Glipizide Tab 5 MG	
63874031602	Glipizide Tab 5 MG	
63874031604	Glipizide Tab 5 MG	
63874031605	Glipizide Tab 5 MG	
63874031610	Glipizide Tab 5 MG	
63874031612	Glipizide Tab 5 MG	
63874031614	Glipizide Tab 5 MG	

NDC Code	Generic Product Name	Obsolete Date
63874031615	Glipizide Tab 5 MG	
63874031620	Glipizide Tab 5 MG	
63874031621	Glipizide Tab 5 MG	
63874031624	Glipizide Tab 5 MG	
63874031628	Glipizide Tab 5 MG	
63874031630	Glipizide Tab 5 MG	
63874031650	Glipizide Tab 5 MG	
63874031660	Glipizide Tab 5 MG	
63874031681	Glipizide Tab 5 MG	
63874031690	Glipizide Tab 5 MG	
68115015630	Glipizide Tab SR 24HR 10 MG	
58864085830	Glipizide Tab SR 24HR 2.5 MG	
68115015730	Glipizide Tab SR 24HR 5 MG	
00228275211	GLYB/METFORM TAB 2.5/500	
00228275311	GLYB/METFORM TAB 5/500MG	
55887033930	Glyburide Micronized Tab 3 MG	
55887033960	Glyburide Micronized Tab 3 MG	
55887033990	Glyburide Micronized Tab 3 MG	
54868484201	Glyburide Micronized Tab 6 MG	
63874066501	Glyburide Tab 1.25 MG	
63874066504	Glyburide Tab 1.25 MG	
63874066510	Glyburide Tab 1.25 MG	
63874066514	Glyburide Tab 1.25 MG	
63874066530	Glyburide Tab 1.25 MG	
63874066560	Glyburide Tab 1.25 MG	
63874066590	Glyburide Tab 1.25 MG	
55887053530	Glyburide Tab 2.5 MG	
55887053560	Glyburide Tab 2.5 MG	
55887053590	Glyburide Tab 2.5 MG	
63874058801	Glyburide Tab 2.5 MG	
63874058804	Glyburide Tab 2.5 MG	
63874058810	Glyburide Tab 2.5 MG	
63874058814	Glyburide Tab 2.5 MG	
63874058820	Glyburide Tab 2.5 MG	
63874058830	Glyburide Tab 2.5 MG	
63874058860	Glyburide Tab 2.5 MG	
63874058880	Glyburide Tab 2.5 MG	
63874058890	Glyburide Tab 2.5 MG	
54348010430	Glyburide Tab 5 MG	
58864022493	Glyburide Tab 5 MG	
63874031701	Glyburide Tab 5 MG	
63874031702	Glyburide Tab 5 MG	
63874031704	Glyburide Tab 5 MG	
63874031710	Glyburide Tab 5 MG	
63874031712	Glyburide Tab 5 MG	
63874031714	Glyburide Tab 5 MG	
63874031715	Glyburide Tab 5 MG	
63874031720	Glyburide Tab 5 MG	
63874031724	Glyburide Tab 5 MG	
63874031728	Glyburide Tab 5 MG	
63874031730	Glyburide Tab 5 MG	
63874031740	Glyburide Tab 5 MG	
63874031750	Glyburide Tab 5 MG	
63874031760	Glyburide Tab 5 MG	
63874031790	Glyburide Tab 5 MG	
00228275111	Glyburide-Metformin Tab 1.25-250 MG	
68115015830	Glyburide-Metformin Tab 2.5-500 MG	
49999066060	Glyburide-Metformin Tab 5-500 MG	
55887036830	Glyburide-Metformin Tab 5-500 MG	

NDC Code	Generic Product Name	Obsolete Date
55887036860	Glyburide-Metformin Tab 5-500 MG	
55887036890	Glyburide-Metformin Tab 5-500 MG	
68115015930	Glyburide-Metformin Tab 5-500 MG	
68115015960	Glyburide-Metformin Tab 5-500 MG	
54569291802	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30)	
54569383502	Insulin Isophane (Human) Inj 100 Unit/ML	
54569383302	Insulin Regular (Human) Inj 100 Unit/ML	
54868359800	Insulin Regular (Human) Inj 100 Unit/ML	
64764015560	PIOGLITAZONE HCL/METFORMIN HCL	
64764015860	PIOGLITAZONE HCL/METFORMIN HCL	
12280006230	Rosiglitazone Maleate Tab 4 MG (Base Equiv)	
58864082760	Rosiglitazone Maleate Tab 4 MG (Base Equiv)	
12280000130	Rosiglitazone Maleate-Metformin HCl Tab 4-500 MG	
54348009830	Tolazamide Tab 250 MG	
12783007212	GLIPIZIDE, 10MG, TABLET	
12783007311	GLIPIZIDE, 10MG, TABLET	
12783007312	GLIPIZIDE, 10MG, TABLET	
12783007411	GLIPIZIDE, 10MG, TABLET	
19458064401	GLIPIZIDE, 10MG, TABLET	
43806052540	GLIPIZIDE, 10MG, TABLET	
43806052541	GLIPIZIDE, 10MG, TABLET	
43806052570	GLIPIZIDE, 10MG, TABLET	
43806052580	GLIPIZIDE, 10MG, TABLET	
49999010700	GLIPIZIDE, 10MG, TABLET	
49999010720	GLIPIZIDE, 10MG, TABLET	
50111058501	GLIPIZIDE, 10MG, TABLET	
50111058502	GLIPIZIDE, 10MG, TABLET	
51655028924	GLIPIZIDE, 10MG, TABLET	
52189029230	GLIPIZIDE, 10MG, TABLET	
52985012301	GLIPIZIDE, 10MG, TABLET	
53978018308	GLIPIZIDE, 10MG, TABLET	
53978018309	GLIPIZIDE, 10MG, TABLET	
53978201402	GLIPIZIDE, 10MG, TABLET	
53978201403	GLIPIZIDE, 10MG, TABLET	
53978201404	GLIPIZIDE, 10MG, TABLET	
53978201405	GLIPIZIDE, 10MG, TABLET	
53978201408	GLIPIZIDE, 10MG, TABLET	
54868108900	GLIPIZIDE, 10MG, TABLET	
54868441201	GLIMEPIRIDE, 1MG, TABLET	
54868441202	GLIMEPIRIDE, 1MG, TABLET	
51129111401	GLIMEPIRIDE, 2MG, TABLET	
51129136601	GLIMEPIRIDE, 2MG, TABLET	
54868420501	GLIMEPIRIDE, 2MG, TABLET	
54868420502	GLIMEPIRIDE, 2MG, TABLET	
54569554801	GLIPIZIDE, 10MG, TAB SA OSM	
54868333404	GLIPIZIDE, 10MG, TAB SA OSM	
54868498801	GLIPIZIDE, 10MG, TAB SA OSM	
54868498802	GLIPIZIDE, 10MG, TAB SA OSM	
55045330001	GLIPIZIDE, 10MG, TAB SA OSM	
58864068930	GLIPIZIDE, 10MG, TAB SA OSM	
58864068960	GLIPIZIDE, 10MG, TAB SA OSM	
60346045730	GLIPIZIDE, 10MG, TAB SA OSM	
00087607212	GLIPIZIDE, 10MG, TABLET	
00087607312	GLIPIZIDE, 10MG, TABLET	
00182199500	GLIPIZIDE, 10MG, TABLET	
00339514411	GLIPIZIDE, 10MG, TABLET	
00615359629	GLIPIZIDE, 10MG, TABLET	
00615359643	GLIPIZIDE, 10MG, TABLET	
00615359665	GLIPIZIDE, 10MG, TABLET	

NDC Code	Generic Product Name	Obsolete Date
12783007211	GLIPIZIDE, 10MG, TABLET	
54868331900	GLIPIZIDE, 10MG, TABLET	
55045226608	GLIPIZIDE, 10MG, TABLET	
55154321201	GLIPIZIDE, 10MG, TABLET	
55154558800	GLIPIZIDE, 10MG, TABLET	
55160012301	GLIPIZIDE, 10MG, TABLET	
55160012305	GLIPIZIDE, 10MG, TABLET	
55306412001	GLIPIZIDE, 10MG, TABLET	
55953052501	GLIPIZIDE, 10MG, TABLET	
55953052570	GLIPIZIDE, 10MG, TABLET	
55953052580	GLIPIZIDE, 10MG, TABLET	
57315001004	GLIPIZIDE, 10MG, TABLET	
57866630301	GLIPIZIDE, 10MG, TABLET	
57866646101	GLIPIZIDE, 10MG, TABLET	
58056012310	GLIPIZIDE, 10MG, TABLET	
58056012366	GLIPIZIDE, 10MG, TABLET	
58864016130	GLIPIZIDE, 10MG, TABLET	
58864016160	GLIPIZIDE, 10MG, TABLET	
60346061330	GLIPIZIDE, 10MG, TABLET	
61392006425	GLIPIZIDE, 10MG, TABLET	
61392006465	GLIPIZIDE, 10MG, TABLET	
61392006495	GLIPIZIDE, 10MG, TABLET	
62584012000	GLIPIZIDE, 10MG, TABLET	
62584012050	GLIPIZIDE, 10MG, TABLET	
62584071701	GLIPIZIDE, 10MG, TABLET	
62584071733	GLIPIZIDE, 10MG, TABLET	
62939542101	GLIPIZIDE, 10MG, TABLET	
63739011702	GLIPIZIDE, 10MG, TABLET	
65084015010	GLIPIZIDE, 10MG, TABLET	
65240065220	GLIPIZIDE, 10MG, TABLET	
68030646201	GLIPIZIDE, 10MG, TABLET	
49999051430	GLIPIZIDE, 2.5MG, TAB SA OSM	
54569554701	GLIPIZIDE, 5MG, TAB SA OSM	
54868521000	GLIPIZIDE, 5MG, TAB SA OSM	
54868521001	GLIPIZIDE, 5MG, TAB SA OSM	
55045236108	GLIPIZIDE, 5MG, TAB SA OSM	
55289077907	GLIPIZIDE, 5MG, TAB SA OSM	
58864070530	GLIPIZIDE, 5MG, TAB SA OSM	
00182199400	GLIPIZIDE, 5MG, TABLET	
00615359529	GLIPIZIDE, 5MG, TABLET	
00615359543	GLIPIZIDE, 5MG, TABLET	
00615359565	GLIPIZIDE, 5MG, TABLET	
19458055901	GLIPIZIDE, 5MG, TABLET	
43806052440	GLIPIZIDE, 5MG, TABLET	
43806052441	GLIPIZIDE, 5MG, TABLET	
43806052470	GLIPIZIDE, 5MG, TABLET	
43806052480	GLIPIZIDE, 5MG, TABLET	
49999010800	GLIPIZIDE, 5MG, TABLET	
50111058401	GLIPIZIDE, 5MG, TABLET	
50111058402	GLIPIZIDE, 5MG, TABLET	
51079081017	GLIPIZIDE, 5MG, TABLET	
51079081023	GLIPIZIDE, 5MG, TABLET	
51129941601	GLIPIZIDE, 5MG, TABLET	
52189029130	GLIPIZIDE, 5MG, TABLET	
52985007701	GLIPIZIDE, 5MG, TABLET	
53002044630	GLIPIZIDE, 5MG, TABLET	
53002044660	GLIPIZIDE, 5MG, TABLET	
53002044690	GLIPIZIDE, 5MG, TABLET	
53978022609	GLIPIZIDE, 5MG, TABLET	

NDC Code	Generic Product Name	Obsolete Date
53978201303	GLIPIZIDE, 5MG, TABLET	
53978201305	GLIPIZIDE, 5MG, TABLET	
53978201308	GLIPIZIDE, 5MG, TABLET	
54868099703	GLIPIZIDE, 5MG, TABLET	
54868331800	GLIPIZIDE, 5MG, TABLET	
55045205801	GLIPIZIDE, 5MG, TABLET	
55154321301	GLIPIZIDE, 5MG, TABLET	
55154522400	GLIPIZIDE, 5MG, TABLET	
55154522407	GLIPIZIDE, 5MG, TABLET	
55154540807	GLIPIZIDE, 5MG, TABLET	
55160012201	GLIPIZIDE, 5MG, TABLET	
55160012205	GLIPIZIDE, 5MG, TABLET	
55289002790	GLIPIZIDE, 5MG, TABLET	
55289042497	GLIPIZIDE, 5MG, TABLET	
55289080614	GLIPIZIDE, 5MG, TABLET	
55306411001	GLIPIZIDE, 5MG, TABLET	
55953052401	GLIPIZIDE, 5MG, TABLET	
55953052440	GLIPIZIDE, 5MG, TABLET	
55953052470	GLIPIZIDE, 5MG, TABLET	
55953052480	GLIPIZIDE, 5MG, TABLET	
57315001104	GLIPIZIDE, 5MG, TABLET	
57866023601	GLIPIZIDE, 5MG, TABLET	
57866646001	GLIPIZIDE, 5MG, TABLET	
57866646002	GLIPIZIDE, 5MG, TABLET	
58056012210	GLIPIZIDE, 5MG, TABLET	
58056012266	GLIPIZIDE, 5MG, TABLET	
58864002714	GLIPIZIDE, 5MG, TABLET	
58864002760	GLIPIZIDE, 5MG, TABLET	
59012015530	GLIPIZIDE, 5MG, TABLET	
59012015557	GLIPIZIDE, 5MG, TABLET	
59012015566	GLIPIZIDE, 5MG, TABLET	
59012041157	GLIPIZIDE, 5MG, TABLET	
61392006325	GLIPIZIDE, 5MG, TABLET	
61392006365	GLIPIZIDE, 5MG, TABLET	
61392006395	GLIPIZIDE, 5MG, TABLET	
62584011000	GLIPIZIDE, 5MG, TABLET	
62584011050	GLIPIZIDE, 5MG, TABLET	
62584071601	GLIPIZIDE, 5MG, TABLET	
62584071633	GLIPIZIDE, 5MG, TABLET	
62682500201	GLIPIZIDE, 5MG, TABLET	
62939541101	GLIPIZIDE, 5MG, TABLET	
63739011602	GLIPIZIDE, 5MG, TABLET	
65084016610	GLIPIZIDE, 5MG, TABLET	
65240065120	GLIPIZIDE, 5MG, TABLET	
66267010030	GLIPIZIDE, 5MG, TABLET	
66267010060	GLIPIZIDE, 5MG, TABLET	
68115015590	GLIPIZIDE, 5MG, TABLET	
54868528800	GLIPIZIDE/METFORMIN HCL, 5-500MG, TABLET	
54868528801	GLIPIZIDE/METFORMIN HCL, 5-500MG, TABLET	
38245072555	GLYBURIDE, 1.25MG, TABLET	
54868342601	GLYBURIDE, 1.25MG, TABLET	
59273001647	GLYBURIDE, 1.25MG, TABLET	
00182264600	GLYBURIDE, 2.5MG, TABLET	
00615450903	GLYBURIDE, 2.5MG, TABLET	
00615450929	GLYBURIDE, 2.5MG, TABLET	
00615450943	GLYBURIDE, 2.5MG, TABLET	
00615450953	GLYBURIDE, 2.5MG, TABLET	
00615450963	GLYBURIDE, 2.5MG, TABLET	
51655075352	GLYBURIDE, 2.5MG, TABLET	

NDC Code	Generic Product Name	Obsolete Date
55045226700	GLYBURIDE, 2.5MG, TABLET	
55045226708	GLYBURIDE, 2.5MG, TABLET	
57866023701	GLYBURIDE, 2.5MG, TABLET	
59273001747	GLYBURIDE, 2.5MG, TABLET	
59273001755	GLYBURIDE, 2.5MG, TABLET	
59273001758	GLYBURIDE, 2.5MG, TABLET	
60346089030	GLYBURIDE, 2.5MG, TABLET	
60429008412	GLYBURIDE, 2.5MG, TABLET	
60429008430	GLYBURIDE, 2.5MG, TABLET	
60429008460	GLYBURIDE, 2.5MG, TABLET	
60429008490	GLYBURIDE, 2.5MG, TABLET	
62584071801	GLYBURIDE, 2.5MG, TABLET	
62584071833	GLYBURIDE, 2.5MG, TABLET	
63739011801	GLYBURIDE, 2.5MG, TABLET	
63739011802	GLYBURIDE, 2.5MG, TABLET	
63739011803	GLYBURIDE, 2.5MG, TABLET	
68115016030	GLYBURIDE, 2.5MG, TABLET	
00182264700	GLYBURIDE, 5MG, TABLET	
00182264789	GLYBURIDE, 5MG, TABLET	
00615155629	GLYBURIDE, 5MG, TABLET	
00615155643	GLYBURIDE, 5MG, TABLET	
00615155653	GLYBURIDE, 5MG, TABLET	
00615155663	GLYBURIDE, 5MG, TABLET	
11819008760	GLYBURIDE, 5MG, TABLET	
11819008790	GLYBURIDE, 5MG, TABLET	
11819008791	GLYBURIDE, 5MG, TABLET	
11819008795	GLYBURIDE, 5MG, TABLET	
11819008797	GLYBURIDE, 5MG, TABLET	
11819008798	GLYBURIDE, 5MG, TABLET	
19458050601	GLYBURIDE, 5MG, TABLET	
19458051801	GLYBURIDE, 5MG, TABLET	
19458070201	GLYBURIDE, 5MG, TABLET	
43806034240	GLYBURIDE, 5MG, TABLET	
43806034270	GLYBURIDE, 5MG, TABLET	
43806034327	GLYBURIDE, 5MG, TABLET	
43806034335	GLYBURIDE, 5MG, TABLET	
43806034340	GLYBURIDE, 5MG, TABLET	
43806034370	GLYBURIDE, 5MG, TABLET	
43806034380	GLYBURIDE, 5MG, TABLET	
43806034440	GLYBURIDE, 5MG, TABLET	
43806034470	GLYBURIDE, 5MG, TABLET	
43806034480	GLYBURIDE, 5MG, TABLET	
44514038536	GLYBURIDE, 5MG, TABLET	
49999011301	GLYBURIDE, 5MG, TABLET	
51129128801	GLYBURIDE, 5MG, TABLET	
51129140501	GLYBURIDE, 5MG, TABLET	
51129145501	GLYBURIDE, 5MG, TABLET	
51129148601	GLYBURIDE, 5MG, TABLET	
51655001124	GLYBURIDE, 5MG, TABLET	
51655001125	GLYBURIDE, 5MG, TABLET	
51655001177	GLYBURIDE, 5MG, TABLET	
51655001182	GLYBURIDE, 5MG, TABLET	
51655001224	GLYBURIDE, 5MG, TABLET	
51655001277	GLYBURIDE, 5MG, TABLET	
51655030124	GLYBURIDE, 5MG, TABLET	
52985006001	GLYBURIDE, 5MG, TABLET	
52985007801	GLYBURIDE, 5MG, TABLET	
52985022101	GLYBURIDE, 5MG, TABLET	
53002041700	GLYBURIDE, 5MG, TABLET	

NDC Code	Generic Product Name	Obsolete Date
53002041720	GLYBURIDE, 5MG, TABLET	
53002041730	GLYBURIDE, 5MG, TABLET	
53002041750	GLYBURIDE, 5MG, TABLET	
53002041760	GLYBURIDE, 5MG, TABLET	
53978031509	GLYBURIDE, 5MG, TABLET	
53978069303	GLYBURIDE, 5MG, TABLET	
53978069305	GLYBURIDE, 5MG, TABLET	
53978069402	GLYBURIDE, 5MG, TABLET	
53978069403	GLYBURIDE, 5MG, TABLET	
53978069405	GLYBURIDE, 5MG, TABLET	
53978069407	GLYBURIDE, 5MG, TABLET	
53978069408	GLYBURIDE, 5MG, TABLET	
53978069409	GLYBURIDE, 5MG, TABLET	
53978300009	GLYBURIDE, 5MG, TABLET	
54868099603	GLYBURIDE, 5MG, TABLET	
54868124504	GLYBURIDE, 5MG, TABLET	
54868326502	GLYBURIDE, 5MG, TABLET	
54868326600	GLYBURIDE, 5MG, TABLET	
55045165401	GLYBURIDE, 5MG, TABLET	
55045165408	GLYBURIDE, 5MG, TABLET	
55045165500	GLYBURIDE, 5MG, TABLET	
55045165508	GLYBURIDE, 5MG, TABLET	
55045213800	GLYBURIDE, 5MG, TABLET	
55045213808	GLYBURIDE, 5MG, TABLET	
55045232201	GLYBURIDE, 5MG, TABLET	
55045232208	GLYBURIDE, 5MG, TABLET	
55045261700	GLYBURIDE, 5MG, TABLET	
55154120100	GLYBURIDE, 5MG, TABLET	
55154120101	GLYBURIDE, 5MG, TABLET	
55154120107	GLYBURIDE, 5MG, TABLET	
55154120601	GLYBURIDE, 5MG, TABLET	
55154390507	GLYBURIDE, 5MG, TABLET	
55154391607	GLYBURIDE, 5MG, TABLET	
55289089214	GLYBURIDE, 5MG, TABLET	
55306005201	GLYBURIDE, 5MG, TABLET	
55306017101	GLYBURIDE, 5MG, TABLET	
55306372701	GLYBURIDE, 5MG, TABLET	
57866640801	GLYBURIDE, 5MG, TABLET	
57866640802	GLYBURIDE, 5MG, TABLET	
57866641001	GLYBURIDE, 5MG, TABLET	
57866641002	GLYBURIDE, 5MG, TABLET	
57866641101	GLYBURIDE, 5MG, TABLET	
57866641102	GLYBURIDE, 5MG, TABLET	
57866660501	GLYBURIDE, 5MG, TABLET	
58056011710	GLYBURIDE, 5MG, TABLET	
58056014605	GLYBURIDE, 5MG, TABLET	
58056014610	GLYBURIDE, 5MG, TABLET	
58864021430	GLYBURIDE, 5MG, TABLET	
58864021460	GLYBURIDE, 5MG, TABLET	
58864022460	GLYBURIDE, 5MG, TABLET	
59273001339	GLYBURIDE, 5MG, TABLET	
59273001547	GLYBURIDE, 5MG, TABLET	
59273001549	GLYBURIDE, 5MG, TABLET	
59273001555	GLYBURIDE, 5MG, TABLET	
59273001558	GLYBURIDE, 5MG, TABLET	
59930159202	GLYBURIDE, 5MG, TABLET	
59930162202	GLYBURIDE, 5MG, TABLET	
59930162203	GLYBURIDE, 5MG, TABLET	
60346066230	GLYBURIDE, 5MG, TABLET	

NDC Code	Generic Product Name	Obsolete Date
60346073030	GLYBURIDE, 5MG, TABLET	
60346073060	GLYBURIDE, 5MG, TABLET	
60346093830	GLYBURIDE, 5MG, TABLET	
60346093860	GLYBURIDE, 5MG, TABLET	
60491019230	GLYBURIDE, 5MG, TABLET	
60491019234	GLYBURIDE, 5MG, TABLET	
60491019260	GLYBURIDE, 5MG, TABLET	
60491041230	GLYBURIDE, 5MG, TABLET	
60491041234	GLYBURIDE, 5MG, TABLET	
60491041330	GLYBURIDE, 5MG, TABLET	
60491041334	GLYBURIDE, 5MG, TABLET	
60491041360	GLYBURIDE, 5MG, TABLET	
60491041401	GLYBURIDE, 5MG, TABLET	
60491041405	GLYBURIDE, 5MG, TABLET	
60491041460	GLYBURIDE, 5MG, TABLET	
60491041468	GLYBURIDE, 5MG, TABLET	
61372057649	GLYBURIDE, 5MG, TABLET	
61372057712	GLYBURIDE, 5MG, TABLET	
61372057761	GLYBURIDE, 5MG, TABLET	
61372057799	GLYBURIDE, 5MG, TABLET	
61372057810	GLYBURIDE, 5MG, TABLET	
61372057812	GLYBURIDE, 5MG, TABLET	
61372057861	GLYBURIDE, 5MG, TABLET	
61372057871	GLYBURIDE, 5MG, TABLET	
61392070925	GLYBURIDE, 5MG, TABLET	
61392070965	GLYBURIDE, 5MG, TABLET	
61392070995	GLYBURIDE, 5MG, TABLET	
61392072425	GLYBURIDE, 5MG, TABLET	
61392072430	GLYBURIDE, 5MG, TABLET	
61392072431	GLYBURIDE, 5MG, TABLET	
61392072439	GLYBURIDE, 5MG, TABLET	
61392072460	GLYBURIDE, 5MG, TABLET	
61392072465	GLYBURIDE, 5MG, TABLET	
61392072490	GLYBURIDE, 5MG, TABLET	
61392072495	GLYBURIDE, 5MG, TABLET	
62224133106	GLYBURIDE, 5MG, TABLET	
62224133306	GLYBURIDE, 5MG, TABLET	
62224133307	GLYBURIDE, 5MG, TABLET	
62584005200	GLYBURIDE, 5MG, TABLET	
62584005250	GLYBURIDE, 5MG, TABLET	
62584017100	GLYBURIDE, 5MG, TABLET	
62584036150	GLYBURIDE, 5MG, TABLET	
62584071901	GLYBURIDE, 5MG, TABLET	
62584071933	GLYBURIDE, 5MG, TABLET	
63739011901	GLYBURIDE, 5MG, TABLET	
63739011902	GLYBURIDE, 5MG, TABLET	
63739011903	GLYBURIDE, 5MG, TABLET	
65084018410	GLYBURIDE, 5MG, TABLET	
65240069020	GLYBURIDE, 5MG, TABLET	
66116044030	GLYBURIDE, 5MG, TABLET	
66267010330	GLYBURIDE, 5MG, TABLET	
67046024030	GLYBURIDE, 5MG, TABLET	
67046024060	GLYBURIDE, 5MG, TABLET	
62269029324	GLYBURIDE,MICRONIZED, 1.5MG, TABLET	
19458076401	GLYBURIDE,MICRONIZED, 3MG, TABLET	
43806003440	GLYBURIDE,MICRONIZED, 3MG, TABLET	
43806003441	GLYBURIDE,MICRONIZED, 3MG, TABLET	
43806003540	GLYBURIDE,MICRONIZED, 3MG, TABLET	
43806003541	GLYBURIDE,MICRONIZED, 3MG, TABLET	

NDC Code	Generic Product Name	Obsolete Date
43806003570	GLYBURIDE,MICRONIZED, 3MG, TABLET	
43806003580	GLYBURIDE,MICRONIZED, 3MG, TABLET	
43806003640	GLYBURIDE,MICRONIZED, 3MG, TABLET	
52189029324	GLYBURIDE,MICRONIZED, 3MG, TABLET	
52189029329	GLYBURIDE,MICRONIZED, 3MG, TABLET	
52189029330	GLYBURIDE,MICRONIZED, 3MG, TABLET	
52189029424	GLYBURIDE,MICRONIZED, 3MG, TABLET	
52189029429	GLYBURIDE,MICRONIZED, 3MG, TABLET	
52189029430	GLYBURIDE,MICRONIZED, 3MG, TABLET	
52985022401	GLYBURIDE,MICRONIZED, 3MG, TABLET	
53978338309	GLYBURIDE,MICRONIZED, 3MG, TABLET	
55154390901	GLYBURIDE,MICRONIZED, 3MG, TABLET	
55154390907	GLYBURIDE,MICRONIZED, 3MG, TABLET	
55306035201	GLYBURIDE,MICRONIZED, 3MG, TABLET	
55370014907	GLYBURIDE,MICRONIZED, 3MG, TABLET	
55370014909	GLYBURIDE,MICRONIZED, 3MG, TABLET	
55370059207	GLYBURIDE,MICRONIZED, 3MG, TABLET	
55370059407	GLYBURIDE,MICRONIZED, 3MG, TABLET	
55370059408	GLYBURIDE,MICRONIZED, 3MG, TABLET	
55370059507	GLYBURIDE,MICRONIZED, 3MG, TABLET	
58056027610	GLYBURIDE,MICRONIZED, 3MG, TABLET	
60346051360	GLYBURIDE,MICRONIZED, 3MG, TABLET	
60491028230	GLYBURIDE,MICRONIZED, 3MG, TABLET	
60491028234	GLYBURIDE,MICRONIZED, 3MG, TABLET	
60491028330	GLYBURIDE,MICRONIZED, 3MG, TABLET	
60491028334	GLYBURIDE,MICRONIZED, 3MG, TABLET	
60491028390	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61372011112	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61372011212	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61372011261	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61372011271	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61392083425	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61392083430	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61392083431	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61392083439	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61392083460	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61392083465	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61392083490	GLYBURIDE,MICRONIZED, 3MG, TABLET	
61392083495	GLYBURIDE,MICRONIZED, 3MG, TABLET	
62269029424	GLYBURIDE,MICRONIZED, 3MG, TABLET	
62269029429	GLYBURIDE,MICRONIZED, 3MG, TABLET	
62528034427	GLYBURIDE,MICRONIZED, 3MG, TABLET	
62528034435	GLYBURIDE,MICRONIZED, 3MG, TABLET	
62528034440	GLYBURIDE,MICRONIZED, 3MG, TABLET	
62528034470	GLYBURIDE,MICRONIZED, 3MG, TABLET	
62528034480	GLYBURIDE,MICRONIZED, 3MG, TABLET	
62584035200	GLYBURIDE,MICRONIZED, 3MG, TABLET	
65084018510	GLYBURIDE,MICRONIZED, 3MG, TABLET	
19458080201	GLYBURIDE,MICRONIZED, 6MG, TABLET	
49999057160	GLYBURIDE,MICRONIZED, 6MG, TABLET	
51129148701	GLYBURIDE,MICRONIZED, 6MG, TABLET	
52544056010	GLYBURIDE,MICRONIZED, 6MG, TABLET	
52985022501	GLYBURIDE,MICRONIZED, 6MG, TABLET	
53978336209	GLYBURIDE,MICRONIZED, 6MG, TABLET	
55045233808	GLYBURIDE,MICRONIZED, 6MG, TABLET	
55154391701	GLYBURIDE,MICRONIZED, 6MG, TABLET	
55306344901	GLYBURIDE,MICRONIZED, 6MG, TABLET	
55370059607	GLYBURIDE,MICRONIZED, 6MG, TABLET	
55370059608	GLYBURIDE,MICRONIZED, 6MG, TABLET	

NDC Code	Generic Product Name	Obsolete Date
58056029701	GLYBURIDE,MICRONIZED, 6MG, TABLET	
60491028401	GLYBURIDE,MICRONIZED, 6MG, TABLET	
60491028430	GLYBURIDE,MICRONIZED, 6MG, TABLET	
60491028434	GLYBURIDE,MICRONIZED, 6MG, TABLET	
62584044900	GLYBURIDE,MICRONIZED, 6MG, TABLET	
65084018010	GLYBURIDE,MICRONIZED, 6MG, TABLET	
65240072320	GLYBURIDE,MICRONIZED, 6MG, TABLET	
00172571000	GLYBURIDE/METFORMIN HCL, 1.25-250MG, TABLET	
54868490600	GLYBURIDE/METFORMIN HCL, 1.25-250MG, TABLET	
54868518500	GLYBURIDE/METFORMIN HCL, 1.25-250MG, TABLET	
54868518501	GLYBURIDE/METFORMIN HCL, 1.25-250MG, TABLET	
54868518502	GLYBURIDE/METFORMIN HCL, 1.25-250MG, TABLET	
00172571100	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
54569521000	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
54569521001	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
54569561800	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
54569561801	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
54868460900	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
54868514800	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
54868514801	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
58864071130	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
66116023330	GLYBURIDE/METFORMIN HCL, 2.5-500MG, TABLET	
00172571200	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
49999040160	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
49999066030	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54569521100	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54569521101	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54569561900	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54569561901	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54868452900	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54868452901	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54868452902	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54868452903	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54868524300	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
54868524301	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
68030799101	GLYBURIDE/METFORMIN HCL, 5-500MG, TABLET	
59060183718	HUM INSULIN NPH/REG INSULIN HM, 70-30 U/ML, VIAL	
54868532700	INSULIN ASPART, 100 U/ML, DISP SYRIN	
54569560500	INSULIN GLARGINE,HUM.REC.ANLOG, 100 U/ML, VIAL	
32849080601	INSULIN ISOPHANE,PORK PURE, 100 U/ML, VIAL	
54868510800	INSULIN LISPRO,HUMAN REC.ANLOG, 100 U/ML, VIAL	
62381872559	INSULIN LISPRO,HUMAN REC.ANLOG, 300 U/3ML, DISP SYRIN	
32849070602	INSULIN NPH HUMAN RECOM, 100 U/ML, CARTRIDGE	
59060183418	INSULIN NPH HUMAN RECOM, 100 U/ML, VIAL	
62381831709	INSULIN NPH HUMAN RECOM, 100 U/ML, VIAL	
32849070702	INSULIN REGULAR HUMAN REC, 100 U/ML, CARTRIDGE	
59060183318	INSULIN REGULAR HUMAN REC, 100 U/ML, VIAL	
62381821701	INSULIN REGULAR HUMAN REC, 100 U/ML, VIAL	
62381821709	INSULIN REGULAR HUMAN REC, 100 U/ML, VIAL	
32849070501	INSULIN ZINC HUMAN REC, 100 U/ML, VIAL	
14608033533	INSULIN ZINC,PORK PURIFIED, 100 U/ML, VIAL	
32849080501	INSULIN ZINC,PORK PURIFIED, 100 U/ML, VIAL	
32849080701	INSULIN,PORK PURIFIED, 100 U/ML, VIAL	
54868520100	INSULN ASP PRT/INSULIN ASPART, 70-30 U/ML, VIAL	
54868515600	NATEGLINIDE, 60MG, TABLET	
54868515601	NATEGLINIDE, 60MG, TABLET	
11532001101	PIOGLITAZONE HCL, 15MG, TABLET	
11532001102	PIOGLITAZONE HCL, 15MG, TABLET	
11532001103	PIOGLITAZONE HCL, 15MG, TABLET	

NDC Code	Generic Product Name	Obsolete Date
11532001104	PIOGLITAZONE HCL, 15MG, TABLET	
11532001105	PIOGLITAZONE HCL, 15MG, TABLET	
11532001201	PIOGLITAZONE HCL, 15MG, TABLET	
11532001202	PIOGLITAZONE HCL, 15MG, TABLET	
11532001203	PIOGLITAZONE HCL, 15MG, TABLET	
11532001204	PIOGLITAZONE HCL, 15MG, TABLET	
11532001206	PIOGLITAZONE HCL, 15MG, TABLET	
11532001301	PIOGLITAZONE HCL, 15MG, TABLET	
11532001302	PIOGLITAZONE HCL, 15MG, TABLET	
11532001303	PIOGLITAZONE HCL, 15MG, TABLET	
11532001304	PIOGLITAZONE HCL, 15MG, TABLET	
11532001307	PIOGLITAZONE HCL, 15MG, TABLET	
58864067014	PIOGLITAZONE HCL, 15MG, TABLET	
64764015101	PIOGLITAZONE HCL, 15MG, TABLET	
64764015103	PIOGLITAZONE HCL, 15MG, TABLET	
64764030111	PIOGLITAZONE HCL, 15MG, TABLET	
64764030113	PIOGLITAZONE HCL, 15MG, TABLET	
64764045121	PIOGLITAZONE HCL, 15MG, TABLET	
54868435401	PIOGLITAZONE HCL, 30MG, TABLET	
55289086230	PIOGLITAZONE HCL, 30MG, TABLET	
58864074515	PIOGLITAZONE HCL, 30MG, TABLET	
58864074530	PIOGLITAZONE HCL, 30MG, TABLET	
12714008199	REPAGLINIDE, 2MG, TABLET	
12714099999	REPAGLINIDE, 2MG, TABLET	
64001008181	REPAGLINIDE, 2MG, TABLET	
64001008281	REPAGLINIDE, 2MG, TABLET	
64001008481	REPAGLINIDE, 2MG, TABLET	
54868524900	ROSIGLITAZONE MALEATE, 2MG, TABLET	
54868524901	ROSIGLITAZONE MALEATE, 2MG, TABLET	
57866006909	ROSIGLITAZONE MALEATE, 4MG, TABLET	
57866126402	ROSIGLITAZONE MALEATE, 4MG, TABLET	
58864068730	ROSIGLITAZONE MALEATE, 4MG, TABLET	
58864068760	ROSIGLITAZONE MALEATE, 4MG, TABLET	
51129162701	ROSIGLITAZONE MALEATE, 8MG, TABLET	
51129162801	ROSIGLITAZONE MALEATE, 8MG, TABLET	
57866136403	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315801	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315802	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315803	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315804	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315805	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315806	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315807	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315808	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315901	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315902	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315903	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315904	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315905	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315906	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315907	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742315908	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742316001	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742316002	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742316003	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742316004	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742316005	ROSIGLITAZONE MALEATE, 8MG, TABLET	
59742316007	ROSIGLITAZONE MALEATE, 8MG, TABLET	
00007316621	ROSIGLITAZONE/METFORMIN HCL, 1-500MG, TABLET	

NDC Code	Generic Product Name	Obsolete Date
00007316320	ROSIGLITAZONE/METFORMIN HCL, 2-1000MG, TABLET	
00007316721	ROSIGLITAZONE/METFORMIN HCL, 2-500MG, TABLET	
54569560300	ROSIGLITAZONE/METFORMIN HCL, 2-500MG, TABLET	
54868496500	ROSIGLITAZONE/METFORMIN HCL, 2-500MG, TABLET	
54868496501	ROSIGLITAZONE/METFORMIN HCL, 2-500MG, TABLET	
54868496502	ROSIGLITAZONE/METFORMIN HCL, 2-500MG, TABLET	
00007316420	ROSIGLITAZONE/METFORMIN HCL, 4-1000MG, TABLET	
00007316821	ROSIGLITAZONE/METFORMIN HCL, 4-500MG, TABLET	
54868515700	ROSIGLITAZONE/METFORMIN HCL, 4-500MG, TABLET	
51655029724	Chlorpropamide Tab 250 MG	
00069393066	chlorproPAMIDE 100 mg oral tablet	
00182185101	chlorproPAMIDE 100 mg oral tablet	
00182185189	chlorproPAMIDE 100 mg oral tablet	
00223063301	chlorproPAMIDE 100 mg oral tablet	
00223063302	chlorproPAMIDE 100 mg oral tablet	
00378019701	chlorproPAMIDE 100 mg oral tablet	
00378019705	chlorproPAMIDE 100 mg oral tablet	
00405420501	chlorproPAMIDE 100 mg oral tablet	9-Feb-05
00405420502	chlorproPAMIDE 100 mg oral tablet	9-Feb-05
00536346205	chlorproPAMIDE 100 mg oral tablet	
00603283521	chlorproPAMIDE 100 mg oral tablet	31-Mar-03
00603283528	chlorproPAMIDE 100 mg oral tablet	
00686020220	chlorproPAMIDE 100 mg oral tablet	1-Jan-03
00781161301	chlorproPAMIDE 100 mg oral tablet	
00781161305	chlorproPAMIDE 100 mg oral tablet	
00839701106	chlorproPAMIDE 100 mg oral tablet	9-Feb-05
00839701112	chlorproPAMIDE 100 mg oral tablet	9-Feb-05
00839701116	chlorproPAMIDE 100 mg oral tablet	9-Feb-05
00904022560	chlorproPAMIDE 100 mg oral tablet	27-Aug-03
00904022561	chlorproPAMIDE 100 mg oral tablet	
50111037201	chlorproPAMIDE 100 mg oral tablet	
50111037202	chlorproPAMIDE 100 mg oral tablet	30-Sep-02
50111037203	chlorproPAMIDE 100 mg oral tablet	31-Mar-03
51079020220	chlorproPAMIDE 100 mg oral tablet	
54569201701	chlorproPAMIDE 100 mg oral tablet	
54868087701	chlorproPAMIDE 100 mg oral tablet	
55829019610	chlorproPAMIDE 100 mg oral tablet	9-Feb-05
58864010030	chlorproPAMIDE 100 mg oral tablet	
00069394066	chlorproPAMIDE 250 mg oral tablet	
00069394071	chlorproPAMIDE 250 mg oral tablet	1-Nov-02
00069394082	chlorproPAMIDE 250 mg oral tablet	
00182185201	chlorproPAMIDE 250 mg oral tablet	1-Jan-01
00182185210	chlorproPAMIDE 250 mg oral tablet	1-Jan-01
00182185289	chlorproPAMIDE 250 mg oral tablet	1-Jan-01
00349892801	chlorproPAMIDE 250 mg oral tablet	31-Dec-01
00378021001	chlorproPAMIDE 250 mg oral tablet	
00378021010	chlorproPAMIDE 250 mg oral tablet	
00405420601	chlorproPAMIDE 250 mg oral tablet	9-Feb-05
00405420603	chlorproPAMIDE 250 mg oral tablet	9-Feb-05
00603283621	chlorproPAMIDE 250 mg oral tablet	30-Jun-03
00603283628	chlorproPAMIDE 250 mg oral tablet	
00603283632	chlorproPAMIDE 250 mg oral tablet	31-Mar-03
00781162301	chlorproPAMIDE 250 mg oral tablet	
00781162305	chlorproPAMIDE 250 mg oral tablet	
00781162310	chlorproPAMIDE 250 mg oral tablet	
00839701206	chlorproPAMIDE 250 mg oral tablet	9-Feb-05
00839701216	chlorproPAMIDE 250 mg oral tablet	9-Feb-05
00904022660	chlorproPAMIDE 250 mg oral tablet	2-Apr-04
00904022661	chlorproPAMIDE 250 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
00904022680	chlorproPAMIDE 250 mg oral tablet	
50111037301	chlorproPAMIDE 250 mg oral tablet	
50111037302	chlorproPAMIDE 250 mg oral tablet	30-Jun-02
50111037303	chlorproPAMIDE 250 mg oral tablet	
51079020320	chlorproPAMIDE 250 mg oral tablet	
52555007810	chlorproPAMIDE 250 mg oral tablet	15-Mar-01
54569020300	chlorproPAMIDE 250 mg oral tablet	
54569020301	chlorproPAMIDE 250 mg oral tablet	
54569020340	chlorproPAMIDE 250 mg oral tablet	
54868003600	chlorproPAMIDE 250 mg oral tablet	
54868003602	chlorproPAMIDE 250 mg oral tablet	
54868003604	chlorproPAMIDE 250 mg oral tablet	
55289006690	chlorproPAMIDE 250 mg oral tablet	
55289006697	chlorproPAMIDE 250 mg oral tablet	
55829019710	chlorproPAMIDE 250 mg oral tablet	9-Feb-05
00405402401	acetoHEXAMIDE 250 mg oral tablet	9-Feb-05
00555044202	acetoHEXAMIDE 250 mg oral tablet	
00686044202	acetoHEXAMIDE 250 mg oral tablet	1-Jan-02
00839738606	acetoHEXAMIDE 250 mg oral tablet	9-Feb-05
00405402501	acetoHEXAMIDE 500 mg oral tablet	9-Feb-05
00555044302	acetoHEXAMIDE 500 mg oral tablet	
00839738706	acetoHEXAMIDE 500 mg oral tablet	9-Feb-05
00049411041	glipiZIDE 5 mg oral tablet	31-Jul-02
00049411066	glipiZIDE 5 mg oral tablet	
00049411073	glipiZIDE 5 mg oral tablet	
00172364960	glipiZIDE 5 mg oral tablet	
00172364970	glipiZIDE 5 mg oral tablet	
00182199401	glipiZIDE 5 mg oral tablet	2-Feb-02
00182199405	glipiZIDE 5 mg oral tablet	2-Feb-02
00182199489	glipiZIDE 5 mg oral tablet	
00247044400	glipiZIDE 5 mg oral tablet	
00247044430	glipiZIDE 5 mg oral tablet	
00378110501	glipiZIDE 5 mg oral tablet	
00378110505	glipiZIDE 5 mg oral tablet	
00405538001	glipiZIDE 5 mg oral tablet	9-Feb-05
00405538002	glipiZIDE 5 mg oral tablet	9-Feb-05
00536570201	glipiZIDE 5 mg oral tablet	
00591046001	glipiZIDE 5 mg oral tablet	
00591046005	glipiZIDE 5 mg oral tablet	
00591046010	glipiZIDE 5 mg oral tablet	
00603375521	glipiZIDE 5 mg oral tablet	28-Feb-03
00603375528	glipiZIDE 5 mg oral tablet	28-Feb-03
00615359553	glipiZIDE 5 mg oral tablet	
00615359563	glipiZIDE 5 mg oral tablet	
00677154401	glipiZIDE 5 mg oral tablet	
00781145201	glipiZIDE 5 mg oral tablet	
00781145210	glipiZIDE 5 mg oral tablet	
00781145213	glipiZIDE 5 mg oral tablet	31-Jan-02
00839793906	glipiZIDE 5 mg oral tablet	9-Feb-05
00839793912	glipiZIDE 5 mg oral tablet	9-Feb-05
00839793916	glipiZIDE 5 mg oral tablet	9-Feb-05
00904792440	glipiZIDE 5 mg oral tablet	
00904792460	glipiZIDE 5 mg oral tablet	
00904792461	glipiZIDE 5 mg oral tablet	
00904792480	glipiZIDE 5 mg oral tablet	
17236044101	glipiZIDE 5 mg oral tablet	
17236044105	glipiZIDE 5 mg oral tablet	
17236044110	glipiZIDE 5 mg oral tablet	
49884045101	glipiZIDE 5 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
49884045105	glipiZIDE 5 mg oral tablet	
49999010830	glipiZIDE 5 mg oral tablet	
49999010860	glipiZIDE 5 mg oral tablet	
51079081019	glipiZIDE 5 mg oral tablet	
51079081020	glipiZIDE 5 mg oral tablet	
51079081024	glipiZIDE 5 mg oral tablet	31-Jul-01
51285059802	glipiZIDE 5 mg oral tablet	
51285059804	glipiZIDE 5 mg oral tablet	
51285059805	glipiZIDE 5 mg oral tablet	9-Feb-05
52544046001	glipiZIDE 5 mg oral tablet	9-Feb-05
52544046005	glipiZIDE 5 mg oral tablet	9-Feb-05
52544046010	glipiZIDE 5 mg oral tablet	
54569020601	glipiZIDE 5 mg oral tablet	
54569020602	glipiZIDE 5 mg oral tablet	
54569020603	glipiZIDE 5 mg oral tablet	
54569220601	glipiZIDE 5 mg oral tablet	1-Jan-01
54569220602	glipiZIDE 5 mg oral tablet	1-Jan-01
54569220603	glipiZIDE 5 mg oral tablet	1-Jan-01
54569384100	glipiZIDE 5 mg oral tablet	
54569384101	glipiZIDE 5 mg oral tablet	
54569384102	glipiZIDE 5 mg oral tablet	
54569856500	glipiZIDE 5 mg oral tablet	
54868099701	glipiZIDE 5 mg oral tablet	
54868099702	glipiZIDE 5 mg oral tablet	
54868099704	glipiZIDE 5 mg oral tablet	
54868331801	glipiZIDE 5 mg oral tablet	
54868331802	glipiZIDE 5 mg oral tablet	
54868331803	glipiZIDE 5 mg oral tablet	
54868331804	glipiZIDE 5 mg oral tablet	
55045226501	glipiZIDE 5 mg oral tablet	
55289042430	glipiZIDE 5 mg oral tablet	
55289080630	glipiZIDE 5 mg oral tablet	
57480039101	glipiZIDE 5 mg oral tablet	30-Apr-01
57480039106	glipiZIDE 5 mg oral tablet	30-Apr-01
57866646301	glipiZIDE 5 mg oral tablet	
57866646302	glipiZIDE 5 mg oral tablet	
58016087600	glipiZIDE 5 mg oral tablet	
58016087610	glipiZIDE 5 mg oral tablet	
58016087612	glipiZIDE 5 mg oral tablet	
58016087614	glipiZIDE 5 mg oral tablet	
58016087615	glipiZIDE 5 mg oral tablet	
58016087620	glipiZIDE 5 mg oral tablet	
58016087621	glipiZIDE 5 mg oral tablet	
58016087624	glipiZIDE 5 mg oral tablet	
58016087628	glipiZIDE 5 mg oral tablet	
58016087630	glipiZIDE 5 mg oral tablet	
58016087640	glipiZIDE 5 mg oral tablet	
58016087650	glipiZIDE 5 mg oral tablet	
58016087660	glipiZIDE 5 mg oral tablet	
58864002790	glipiZIDE 5 mg oral tablet	
60429008230	glipiZIDE 5 mg oral tablet	9-Feb-05
60429008260	glipiZIDE 5 mg oral tablet	9-Feb-05
60505014100	glipiZIDE 5 mg oral tablet	
60505014101	glipiZIDE 5 mg oral tablet	
60505014102	glipiZIDE 5 mg oral tablet	
60951071170	glipiZIDE 5 mg oral tablet	31-Aug-01
60951071185	glipiZIDE 5 mg oral tablet	30-Sep-01
61392006330	glipiZIDE 5 mg oral tablet	
61392006331	glipiZIDE 5 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
61392006332	glipiZIDE 5 mg oral tablet	
61392006339	glipiZIDE 5 mg oral tablet	
61392006345	glipiZIDE 5 mg oral tablet	
61392006351	glipiZIDE 5 mg oral tablet	
61392006354	glipiZIDE 5 mg oral tablet	
61392006360	glipiZIDE 5 mg oral tablet	
61392006390	glipiZIDE 5 mg oral tablet	
61392006391	glipiZIDE 5 mg oral tablet	
62269029124	glipiZIDE 5 mg oral tablet	1-Aug-01
62269029129	glipiZIDE 5 mg oral tablet	1-Aug-01
63739011601	glipiZIDE 5 mg oral tablet	
63739011603	glipiZIDE 5 mg oral tablet	
63739011615	glipiZIDE 5 mg oral tablet	
67046023530	glipiZIDE 5 mg oral tablet	
68115015530	glipiZIDE 5 mg oral tablet	
68115015560	glipiZIDE 5 mg oral tablet	
00049155066	glipiZIDE 5 mg oral tablet, extended release	
00049155073	glipiZIDE 5 mg oral tablet, extended release	
00591084401	glipiZIDE 5 mg oral tablet, extended release	
00591084410	glipiZIDE 5 mg oral tablet, extended release	
12280001200	glipiZIDE 5 mg oral tablet, extended release	
54569393700	glipiZIDE 5 mg oral tablet, extended release	
54569554700	glipiZIDE 5 mg oral tablet, extended release	
54868333500	glipiZIDE 5 mg oral tablet, extended release	
54868333501	glipiZIDE 5 mg oral tablet, extended release	
54868333502	glipiZIDE 5 mg oral tablet, extended release	
54868333503	glipiZIDE 5 mg oral tablet, extended release	
59762503201	glipiZIDE 5 mg oral tablet, extended release	
59762503202	glipiZIDE 5 mg oral tablet, extended release	
62037087201	glipiZIDE 5 mg oral tablet, extended release	
62037087205	glipiZIDE 5 mg oral tablet, extended release	
68115061600	glipiZIDE 5 mg oral tablet, extended release	
00047046424	glipiZIDE 10 mg oral tablet	
00047046430	glipiZIDE 10 mg oral tablet	
00049412041	glipiZIDE 10 mg oral tablet	28-Feb-02
00049412066	glipiZIDE 10 mg oral tablet	
00049412073	glipiZIDE 10 mg oral tablet	
00172365060	glipiZIDE 10 mg oral tablet	
00172365070	glipiZIDE 10 mg oral tablet	
00182199501	glipiZIDE 10 mg oral tablet	2-Feb-02
00182199505	glipiZIDE 10 mg oral tablet	2-Feb-02
00182199589	glipiZIDE 10 mg oral tablet	
00364260505	glipiZIDE 10 mg oral tablet	
00378111001	glipiZIDE 10 mg oral tablet	
00378111005	glipiZIDE 10 mg oral tablet	
00405538101	glipiZIDE 10 mg oral tablet	9-Feb-05
00405538102	glipiZIDE 10 mg oral tablet	9-Feb-05
00591046101	glipiZIDE 10 mg oral tablet	
00591046105	glipiZIDE 10 mg oral tablet	
00591046110	glipiZIDE 10 mg oral tablet	
00603375621	glipiZIDE 10 mg oral tablet	28-Feb-03
00603375628	glipiZIDE 10 mg oral tablet	30-Jun-02
00615359653	glipiZIDE 10 mg oral tablet	
00615359663	glipiZIDE 10 mg oral tablet	
00781145301	glipiZIDE 10 mg oral tablet	
00781145310	glipiZIDE 10 mg oral tablet	
00781145313	glipiZIDE 10 mg oral tablet	26-Jan-01
00839794006	glipiZIDE 10 mg oral tablet	9-Feb-05
00839794012	glipiZIDE 10 mg oral tablet	9-Feb-05

NDC Code	Generic Product Name	Obsolete Date
00839794016	glipiZIDE 10 mg oral tablet	9-Feb-05
00904792540	glipiZIDE 10 mg oral tablet	
00904792560	glipiZIDE 10 mg oral tablet	
00904792561	glipiZIDE 10 mg oral tablet	
00904792580	glipiZIDE 10 mg oral tablet	
17236044201	glipiZIDE 10 mg oral tablet	
17236044205	glipiZIDE 10 mg oral tablet	
17236044210	glipiZIDE 10 mg oral tablet	
49884045201	glipiZIDE 10 mg oral tablet	
49884045205	glipiZIDE 10 mg oral tablet	
49999010730	glipiZIDE 10 mg oral tablet	
51079081119	glipiZIDE 10 mg oral tablet	
51079081120	glipiZIDE 10 mg oral tablet	
51285059902	glipiZIDE 10 mg oral tablet	
51285059904	glipiZIDE 10 mg oral tablet	
51285059905	glipiZIDE 10 mg oral tablet	9-Feb-05
52544046101	glipiZIDE 10 mg oral tablet	
52544046105	glipiZIDE 10 mg oral tablet	
52544046110	glipiZIDE 10 mg oral tablet	
54569384200	glipiZIDE 10 mg oral tablet	
54569384201	glipiZIDE 10 mg oral tablet	
54569384202	glipiZIDE 10 mg oral tablet	
54868108901	glipiZIDE 10 mg oral tablet	
54868108902	glipiZIDE 10 mg oral tablet	
54868108903	glipiZIDE 10 mg oral tablet	
54868331901	glipiZIDE 10 mg oral tablet	
54868331902	glipiZIDE 10 mg oral tablet	
54868331903	glipiZIDE 10 mg oral tablet	
54868331904	glipiZIDE 10 mg oral tablet	
54868331905	glipiZIDE 10 mg oral tablet	
55045226601	glipiZIDE 10 mg oral tablet	
55289012530	glipiZIDE 10 mg oral tablet	
55289097614	glipiZIDE 10 mg oral tablet	
55289097630	glipiZIDE 10 mg oral tablet	
57480039201	glipiZIDE 10 mg oral tablet	31-Jan-01
57480039206	glipiZIDE 10 mg oral tablet	31-Mar-01
57866646201	glipiZIDE 10 mg oral tablet	
57866646202	glipiZIDE 10 mg oral tablet	
60429008312	glipiZIDE 10 mg oral tablet	9-Feb-05
60429008330	glipiZIDE 10 mg oral tablet	9-Feb-05
60429008360	glipiZIDE 10 mg oral tablet	9-Feb-05
60505014200	glipiZIDE 10 mg oral tablet	
60505014201	glipiZIDE 10 mg oral tablet	
60505014202	glipiZIDE 10 mg oral tablet	
60951071470	glipiZIDE 10 mg oral tablet	
60951071485	glipiZIDE 10 mg oral tablet	
61392006430	glipiZIDE 10 mg oral tablet	
61392006431	glipiZIDE 10 mg oral tablet	
61392006432	glipiZIDE 10 mg oral tablet	
61392006439	glipiZIDE 10 mg oral tablet	
61392006445	glipiZIDE 10 mg oral tablet	
61392006451	glipiZIDE 10 mg oral tablet	
61392006454	glipiZIDE 10 mg oral tablet	
61392006460	glipiZIDE 10 mg oral tablet	
61392006490	glipiZIDE 10 mg oral tablet	
61392006491	glipiZIDE 10 mg oral tablet	
62269029224	glipiZIDE 10 mg oral tablet	1-Apr-01
62269029229	glipiZIDE 10 mg oral tablet	1-Oct-01
62682500403	glipiZIDE 10 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
62682500408	glipiZIDE 10 mg oral tablet	
63739011701	glipiZIDE 10 mg oral tablet	
63739011703	glipiZIDE 10 mg oral tablet	
63739011715	glipiZIDE 10 mg oral tablet	
68115015430	glipiZIDE 10 mg oral tablet	
68115015460	glipiZIDE 10 mg oral tablet	
00049156066	glipiZIDE 10 mg oral tablet, extended release	
00049156073	glipiZIDE 10 mg oral tablet, extended release	
00591084501	glipiZIDE 10 mg oral tablet, extended release	
00591084510	glipiZIDE 10 mg oral tablet, extended release	
54569393800	glipiZIDE 10 mg oral tablet, extended release	
54569393801	glipiZIDE 10 mg oral tablet, extended release	
54569554800	glipiZIDE 10 mg oral tablet, extended release	
54868333400	glipiZIDE 10 mg oral tablet, extended release	
54868333401	glipiZIDE 10 mg oral tablet, extended release	
54868333402	glipiZIDE 10 mg oral tablet, extended release	
54868333403	glipiZIDE 10 mg oral tablet, extended release	
54868498800	glipiZIDE 10 mg oral tablet, extended release	
58016069100	glipiZIDE 10 mg oral tablet, extended release	
58016069130	glipiZIDE 10 mg oral tablet, extended release	
58016069160	glipiZIDE 10 mg oral tablet, extended release	
58016069190	glipiZIDE 10 mg oral tablet, extended release	
59762503301	glipiZIDE 10 mg oral tablet, extended release	
59762503302	glipiZIDE 10 mg oral tablet, extended release	
62037087301	glipiZIDE 10 mg oral tablet, extended release	
62037087305	glipiZIDE 10 mg oral tablet, extended release	
00009013101	glyBURIDE 1.25 mg oral tablet	
00039005305	glyBURIDE 1.25 mg oral tablet	
00093834201	glyBURIDE 1.25 mg oral tablet	
00093947753	glyBURIDE 1.25 mg oral tablet	
00182121919	glyBURIDE 1.25 mg oral tablet	1-Jan-01
00182264501	glyBURIDE 1.25 mg oral tablet	1-Jan-01
00405537401	glyBURIDE 1.25 mg oral tablet	9-Feb-05
00603376221	glyBURIDE 1.25 mg oral tablet	
00781145501	glyBURIDE 1.25 mg oral tablet	28-Feb-01
00839803906	glyBURIDE 1.25 mg oral tablet	9-Feb-05
38245047749	glyBURIDE 1.25 mg oral tablet	28-Feb-02
51655075877	glyBURIDE 1.25 mg oral tablet	
54569383200	glyBURIDE 1.25 mg oral tablet	
54868168801	glyBURIDE 1.25 mg oral tablet	
54868342600	glyBURIDE 1.25 mg oral tablet	
55953034240	glyBURIDE 1.25 mg oral tablet	30-Nov-02
59762372501	glyBURIDE 1.25 mg oral tablet	
59930159201	glyBURIDE 1.25 mg oral tablet	19-Dec-03
61392011730	glyBURIDE 1.25 mg oral tablet	
61392011731	glyBURIDE 1.25 mg oral tablet	
61392011732	glyBURIDE 1.25 mg oral tablet	
61392011739	glyBURIDE 1.25 mg oral tablet	
61392011745	glyBURIDE 1.25 mg oral tablet	
61392011751	glyBURIDE 1.25 mg oral tablet	
61392011754	glyBURIDE 1.25 mg oral tablet	
61392011760	glyBURIDE 1.25 mg oral tablet	
61392011790	glyBURIDE 1.25 mg oral tablet	
61392011791	glyBURIDE 1.25 mg oral tablet	
62939321101	glyBURIDE 1.25 mg oral tablet	9-Feb-05
00009034101	glyBURIDE micronized 1.5 mg oral tablet	
00009034102	glyBURIDE micronized 1.5 mg oral tablet	
00093803401	glyBURIDE micronized 1.5 mg oral tablet	
00143991801	glyBURIDE micronized 1.5 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
00378111301	glyBURIDE micronized 1.5 mg oral tablet	
12280002800	glyBURIDE micronized 1.5 mg oral tablet	
38245072510	glyBURIDE micronized 1.5 mg oral tablet	30-Nov-01
52152013302	glyBURIDE micronized 1.5 mg oral tablet	
52544055801	glyBURIDE micronized 1.5 mg oral tablet	
52544055805	glyBURIDE micronized 1.5 mg oral tablet	
52544055810	glyBURIDE micronized 1.5 mg oral tablet	
55370014607	glyBURIDE micronized 1.5 mg oral tablet	13-Nov-03
55370014608	glyBURIDE micronized 1.5 mg oral tablet	13-Nov-03
55370014609	glyBURIDE micronized 1.5 mg oral tablet	
55953003440	glyBURIDE micronized 1.5 mg oral tablet	31-May-02
55953003441	glyBURIDE micronized 1.5 mg oral tablet	31-Oct-02
59762378101	glyBURIDE micronized 1.5 mg oral tablet	
64909010107	glyBURIDE micronized 1.5 mg oral tablet	9-Feb-05
67251046011	glyBURIDE micronized 1.5 mg oral tablet	
67251046050	glyBURIDE micronized 1.5 mg oral tablet	
67253046010	glyBURIDE micronized 1.5 mg oral tablet	
67253046011	glyBURIDE micronized 1.5 mg oral tablet	
67253046050	glyBURIDE micronized 1.5 mg oral tablet	
00009014101	glyBURIDE 2.5 mg oral tablet	
00009014102	glyBURIDE 2.5 mg oral tablet	
00039005110	glyBURIDE 2.5 mg oral tablet	
00039005111	glyBURIDE 2.5 mg oral tablet	9-Feb-05
00039005150	glyBURIDE 2.5 mg oral tablet	
00093834301	glyBURIDE 2.5 mg oral tablet	
00093834305	glyBURIDE 2.5 mg oral tablet	
00093834310	glyBURIDE 2.5 mg oral tablet	
00093943301	glyBURIDE 2.5 mg oral tablet	
00093943305	glyBURIDE 2.5 mg oral tablet	
00182122001	glyBURIDE 2.5 mg oral tablet	1-Jan-01
00182122005	glyBURIDE 2.5 mg oral tablet	1-Jan-01
00182122010	glyBURIDE 2.5 mg oral tablet	1-Jan-01
00182264601	glyBURIDE 2.5 mg oral tablet	1-Jan-01
00182264605	glyBURIDE 2.5 mg oral tablet	1-Jan-01
00182264689	glyBURIDE 2.5 mg oral tablet	
00405537501	glyBURIDE 2.5 mg oral tablet	9-Feb-05
00536575101	glyBURIDE 2.5 mg oral tablet	
00603376321	glyBURIDE 2.5 mg oral tablet	
00839804006	glyBURIDE 2.5 mg oral tablet	9-Feb-05
00839804016	glyBURIDE 2.5 mg oral tablet	9-Feb-05
38245043310	glyBURIDE 2.5 mg oral tablet	9-Feb-05
38245043350	glyBURIDE 2.5 mg oral tablet	31-Jul-03
38245043355	glyBURIDE 2.5 mg oral tablet	30-Sep-02
51079087219	glyBURIDE 2.5 mg oral tablet	
51079087220	glyBURIDE 2.5 mg oral tablet	
51655075324	glyBURIDE 2.5 mg oral tablet	
54569383000	glyBURIDE 2.5 mg oral tablet	
54569383001	glyBURIDE 2.5 mg oral tablet	
54868037301	glyBURIDE 2.5 mg oral tablet	
54868037302	glyBURIDE 2.5 mg oral tablet	
54868124400	glyBURIDE 2.5 mg oral tablet	
54868124401	glyBURIDE 2.5 mg oral tablet	
54868124402	glyBURIDE 2.5 mg oral tablet	
54868124403	glyBURIDE 2.5 mg oral tablet	
54868124404	glyBURIDE 2.5 mg oral tablet	
54868326601	glyBURIDE 2.5 mg oral tablet	
54868326602	glyBURIDE 2.5 mg oral tablet	
55289060630	glyBURIDE 2.5 mg oral tablet	
55953034340	glyBURIDE 2.5 mg oral tablet	31-Jan-03

NDC Code	Generic Product Name	Obsolete Date
55953034370	glyBURIDE 2.5 mg oral tablet	31-Mar-03
55953034380	glyBURIDE 2.5 mg oral tablet	30-Nov-02
59762372603	glyBURIDE 2.5 mg oral tablet	
59930162201	glyBURIDE 2.5 mg oral tablet	19-Dec-03
61392011930	glyBURIDE 2.5 mg oral tablet	
61392011931	glyBURIDE 2.5 mg oral tablet	
61392011932	glyBURIDE 2.5 mg oral tablet	
61392011939	glyBURIDE 2.5 mg oral tablet	
61392011945	glyBURIDE 2.5 mg oral tablet	
61392011951	glyBURIDE 2.5 mg oral tablet	
61392011954	glyBURIDE 2.5 mg oral tablet	
61392011960	glyBURIDE 2.5 mg oral tablet	
61392011990	glyBURIDE 2.5 mg oral tablet	
61392011991	glyBURIDE 2.5 mg oral tablet	
62682500603	glyBURIDE 2.5 mg oral tablet	
62939322101	glyBURIDE 2.5 mg oral tablet	9-Feb-05
63739011815	glyBURIDE 2.5 mg oral tablet	
00009035201	glyBURIDE micronized 3 mg oral tablet	
00009035202	glyBURIDE micronized 3 mg oral tablet	
00009035203	glyBURIDE micronized 3 mg oral tablet	
00009035204	glyBURIDE micronized 3 mg oral tablet	
00009035214	glyBURIDE micronized 3 mg oral tablet	
00093803501	glyBURIDE micronized 3 mg oral tablet	
00093803505	glyBURIDE micronized 3 mg oral tablet	
00093803510	glyBURIDE micronized 3 mg oral tablet	9-Feb-05
00143991901	glyBURIDE micronized 3 mg oral tablet	
00143991905	glyBURIDE micronized 3 mg oral tablet	
00378112501	glyBURIDE micronized 3 mg oral tablet	
00378112510	glyBURIDE micronized 3 mg oral tablet	
38245038110	glyBURIDE micronized 3 mg oral tablet	31-Aug-02
38245038120	glyBURIDE micronized 3 mg oral tablet	31-Jul-02
38245038150	glyBURIDE micronized 3 mg oral tablet	31-Oct-02
52152013402	glyBURIDE micronized 3 mg oral tablet	
52152013404	glyBURIDE micronized 3 mg oral tablet	
52152013405	glyBURIDE micronized 3 mg oral tablet	
52544055901	glyBURIDE micronized 3 mg oral tablet	
52544055905	glyBURIDE micronized 3 mg oral tablet	
52544055910	glyBURIDE micronized 3 mg oral tablet	
54569369000	glyBURIDE micronized 3 mg oral tablet	
54569369001	glyBURIDE micronized 3 mg oral tablet	
54868301700	glyBURIDE micronized 3 mg oral tablet	
54868409100	glyBURIDE micronized 3 mg oral tablet	
55370014707	glyBURIDE micronized 3 mg oral tablet	
55370014708	glyBURIDE micronized 3 mg oral tablet	
55370014709	glyBURIDE micronized 3 mg oral tablet	
55953003540	glyBURIDE micronized 3 mg oral tablet	30-Nov-02
55953003541	glyBURIDE micronized 3 mg oral tablet	31-Dec-01
55953003570	glyBURIDE micronized 3 mg oral tablet	31-Dec-01
55953003580	glyBURIDE micronized 3 mg oral tablet	28-Feb-02
59762378201	glyBURIDE micronized 3 mg oral tablet	
59762378203	glyBURIDE micronized 3 mg oral tablet	
64909010207	glyBURIDE micronized 3 mg oral tablet	9-Feb-05
64909010208	glyBURIDE micronized 3 mg oral tablet	9-Feb-05
67253046110	glyBURIDE micronized 3 mg oral tablet	
67253046111	glyBURIDE micronized 3 mg oral tablet	
67253046150	glyBURIDE micronized 3 mg oral tablet	
00009017103	glyBURIDE 5 mg oral tablet	
00009017105	glyBURIDE 5 mg oral tablet	
00009017106	glyBURIDE 5 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
00009017107	glyBURIDE 5 mg oral tablet	
00009017111	glyBURIDE 5 mg oral tablet	
00009017112	glyBURIDE 5 mg oral tablet	
00039005210	glyBURIDE 5 mg oral tablet	
00039005211	glyBURIDE 5 mg oral tablet	9-Feb-05
00039005250	glyBURIDE 5 mg oral tablet	
00039005270	glyBURIDE 5 mg oral tablet	
00093834401	glyBURIDE 5 mg oral tablet	
00093834405	glyBURIDE 5 mg oral tablet	
00093834410	glyBURIDE 5 mg oral tablet	
00093936401	glyBURIDE 5 mg oral tablet	
00093936405	glyBURIDE 5 mg oral tablet	
00093936410	glyBURIDE 5 mg oral tablet	
00182122101	glyBURIDE 5 mg oral tablet	1-Jan-01
00182122105	glyBURIDE 5 mg oral tablet	1-Jan-01
00182122110	glyBURIDE 5 mg oral tablet	1-Jan-01
00182264701	glyBURIDE 5 mg oral tablet	1-Jan-01
00182264705	glyBURIDE 5 mg oral tablet	1-Jan-01
00182264710	glyBURIDE 5 mg oral tablet	1-Jan-01
00247127000	glyBURIDE 5 mg oral tablet	
00247127006	glyBURIDE 5 mg oral tablet	
00405537601	glyBURIDE 5 mg oral tablet	9-Feb-05
00405537603	glyBURIDE 5 mg oral tablet	9-Feb-05
00536575201	glyBURIDE 5 mg oral tablet	
00603376421	glyBURIDE 5 mg oral tablet	31-Mar-02
00603376432	glyBURIDE 5 mg oral tablet	
00781145701	glyBURIDE 5 mg oral tablet	30-Apr-01
00781145705	glyBURIDE 5 mg oral tablet	30-Mar-02
00781145710	glyBURIDE 5 mg oral tablet	30-Oct-01
00781145713	glyBURIDE 5 mg oral tablet	28-Feb-01
00839804106	glyBURIDE 5 mg oral tablet	9-Feb-05
00839804116	glyBURIDE 5 mg oral tablet	9-Feb-05
00904507760	glyBURIDE 5 mg oral tablet	26-Feb-01
38245036410	glyBURIDE 5 mg oral tablet	9-Feb-05
38245036420	glyBURIDE 5 mg oral tablet	9-Feb-05
38245036450	glyBURIDE 5 mg oral tablet	9-Feb-05
38245036455	glyBURIDE 5 mg oral tablet	28-Feb-03
49999011300	glyBURIDE 5 mg oral tablet	
49999011330	glyBURIDE 5 mg oral tablet	
49999011360	glyBURIDE 5 mg oral tablet	
51079087319	glyBURIDE 5 mg oral tablet	
51079087320	glyBURIDE 5 mg oral tablet	
51655090424	glyBURIDE 5 mg oral tablet	
51655090425	glyBURIDE 5 mg oral tablet	
52959017730	glyBURIDE 5 mg oral tablet	
52959044901	glyBURIDE 5 mg oral tablet	
52959044930	glyBURIDE 5 mg oral tablet	
54569020000	glyBURIDE 5 mg oral tablet	
54569383100	glyBURIDE 5 mg oral tablet	
54569383101	glyBURIDE 5 mg oral tablet	
54569383102	glyBURIDE 5 mg oral tablet	
54569383104	glyBURIDE 5 mg oral tablet	
54569855600	glyBURIDE 5 mg oral tablet	
54569855601	glyBURIDE 5 mg oral tablet	
54569855602	glyBURIDE 5 mg oral tablet	
54569855603	glyBURIDE 5 mg oral tablet	
54569860100	glyBURIDE 5 mg oral tablet	
54569860101	glyBURIDE 5 mg oral tablet	
54569860102	glyBURIDE 5 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
54569860103	glyBURIDE 5 mg oral tablet	
54868099601	glyBURIDE 5 mg oral tablet	
54868099602	glyBURIDE 5 mg oral tablet	
54868124501	glyBURIDE 5 mg oral tablet	
54868124502	glyBURIDE 5 mg oral tablet	
54868124503	glyBURIDE 5 mg oral tablet	
54868124505	glyBURIDE 5 mg oral tablet	
54868326500	glyBURIDE 5 mg oral tablet	
54868326501	glyBURIDE 5 mg oral tablet	
54868326503	glyBURIDE 5 mg oral tablet	
55289017330	glyBURIDE 5 mg oral tablet	
55289061401	glyBURIDE 5 mg oral tablet	
55289061460	glyBURIDE 5 mg oral tablet	
55289089201	glyBURIDE 5 mg oral tablet	
55289089215	glyBURIDE 5 mg oral tablet	
55289089230	glyBURIDE 5 mg oral tablet	
55289089260	glyBURIDE 5 mg oral tablet	
55289089297	glyBURIDE 5 mg oral tablet	
55953034440	glyBURIDE 5 mg oral tablet	31-Oct-02
55953034470	glyBURIDE 5 mg oral tablet	31-Dec-02
55953034480	glyBURIDE 5 mg oral tablet	31-Dec-02
57866640901	glyBURIDE 5 mg oral tablet	
57866640902	glyBURIDE 5 mg oral tablet	
57866640903	glyBURIDE 5 mg oral tablet	
57866640904	glyBURIDE 5 mg oral tablet	
57866640905	glyBURIDE 5 mg oral tablet	
57866640906	glyBURIDE 5 mg oral tablet	
58864022430	glyBURIDE 5 mg oral tablet	
59762372703	glyBURIDE 5 mg oral tablet	
59762372704	glyBURIDE 5 mg oral tablet	
59762372706	glyBURIDE 5 mg oral tablet	
59762372707	glyBURIDE 5 mg oral tablet	
59930163901	glyBURIDE 5 mg oral tablet	19-Dec-03
59930163902	glyBURIDE 5 mg oral tablet	1-Mar-01
59930163903	glyBURIDE 5 mg oral tablet	1-Aug-01
60429008512	glyBURIDE 5 mg oral tablet	9-Feb-05
60429008518	glyBURIDE 5 mg oral tablet	9-Feb-05
60429008527	glyBURIDE 5 mg oral tablet	9-Feb-05
60429008530	glyBURIDE 5 mg oral tablet	9-Feb-05
60429008536	glyBURIDE 5 mg oral tablet	9-Feb-05
60429008560	glyBURIDE 5 mg oral tablet	9-Feb-05
60429008590	glyBURIDE 5 mg oral tablet	9-Feb-05
61392012030	glyBURIDE 5 mg oral tablet	
61392012031	glyBURIDE 5 mg oral tablet	
61392012032	glyBURIDE 5 mg oral tablet	
61392012039	glyBURIDE 5 mg oral tablet	
61392012045	glyBURIDE 5 mg oral tablet	
61392012051	glyBURIDE 5 mg oral tablet	
61392012054	glyBURIDE 5 mg oral tablet	
61392012060	glyBURIDE 5 mg oral tablet	
61392012090	glyBURIDE 5 mg oral tablet	
61392012091	glyBURIDE 5 mg oral tablet	
62939323100	glyBURIDE 5 mg oral tablet	9-Feb-05
62939323101	glyBURIDE 5 mg oral tablet	9-Feb-05
63739011915	glyBURIDE 5 mg oral tablet	
68115016130	glyBURIDE 5 mg oral tablet	
68115016160	glyBURIDE 5 mg oral tablet	
00009344901	glyBURIDE micronized 6 mg oral tablet	
00009344903	glyBURIDE micronized 6 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
00093803601	glyBURIDE micronized 6 mg oral tablet	
00143992001	glyBURIDE micronized 6 mg oral tablet	
00143992005	glyBURIDE micronized 6 mg oral tablet	
00143992010	glyBURIDE micronized 6 mg oral tablet	
00378114201	glyBURIDE micronized 6 mg oral tablet	
52152013502	glyBURIDE micronized 6 mg oral tablet	
52152013504	glyBURIDE micronized 6 mg oral tablet	
52152013505	glyBURIDE micronized 6 mg oral tablet	
52544056001	glyBURIDE micronized 6 mg oral tablet	
52544056005	glyBURIDE micronized 6 mg oral tablet	
54868371100	glyBURIDE micronized 6 mg oral tablet	
54868371101	glyBURIDE micronized 6 mg oral tablet	
54868484200	glyBURIDE micronized 6 mg oral tablet	
55370050607	glyBURIDE micronized 6 mg oral tablet	
55370050608	glyBURIDE micronized 6 mg oral tablet	
55370050609	glyBURIDE micronized 6 mg oral tablet	13-Nov-03
55953003640	glyBURIDE micronized 6 mg oral tablet	31-Jan-03
59762378301	glyBURIDE micronized 6 mg oral tablet	
59762378302	glyBURIDE micronized 6 mg oral tablet	
59762378303	glyBURIDE micronized 6 mg oral tablet	
64909010507	glyBURIDE micronized 6 mg oral tablet	9-Feb-05
64909010508	glyBURIDE micronized 6 mg oral tablet	9-Feb-05
67253045250	glyBURIDE micronized 6 mg oral tablet	13-Nov-03
67253046210	glyBURIDE micronized 6 mg oral tablet	
67253046211	glyBURIDE micronized 6 mg oral tablet	
67253046250	glyBURIDE micronized 6 mg oral tablet	
68115062200	glyBURIDE micronized 6 mg oral tablet	
00009007002	TOLAZamide 100 mg oral tablet	
00172297860	TOLAZamide 100 mg oral tablet	
00182167701	TOLAZamide 100 mg oral tablet	2-Feb-02
00223208101	TOLAZamide 100 mg oral tablet	
00223208105	TOLAZamide 100 mg oral tablet	
00405502401	TOLAZamide 100 mg oral tablet	9-Feb-05
00839701406	TOLAZamide 100 mg oral tablet	9-Feb-05
55289028997	TOLAZamide 100 mg oral tablet	
55829051010	TOLAZamide 100 mg oral tablet	9-Feb-05
56126012211	TOLAZamide 100 mg oral tablet	9-Feb-05
00009011402	TOLAZamide 250 mg oral tablet	
00009011404	TOLAZamide 250 mg oral tablet	
00009011405	TOLAZamide 250 mg oral tablet	
00172297960	TOLAZamide 250 mg oral tablet	
00172297961	TOLAZamide 250 mg oral tablet	22-Feb-04
00172297970	TOLAZamide 250 mg oral tablet	8-Jan-03
00172297980	TOLAZamide 250 mg oral tablet	
00182164504	TOLAZamide 250 mg oral tablet	2-Feb-02
00182164510	TOLAZamide 250 mg oral tablet	2-Feb-02
00182164589	TOLAZamide 250 mg oral tablet	2-Feb-02
00223208201	TOLAZamide 250 mg oral tablet	
00223208202	TOLAZamide 250 mg oral tablet	
00378021701	TOLAZamide 250 mg oral tablet	
00405502501	TOLAZamide 250 mg oral tablet	9-Feb-05
00405502503	TOLAZamide 250 mg oral tablet	9-Feb-05
00686029220	TOLAZamide 250 mg oral tablet	1-Jan-03
00839675506	TOLAZamide 250 mg oral tablet	9-Feb-05
00839675516	TOLAZamide 250 mg oral tablet	9-Feb-05
52555029201	TOLAZamide 250 mg oral tablet	13-Mar-01
53746028602	TOLAZamide 250 mg oral tablet	
54868102000	TOLAZamide 250 mg oral tablet	
55289026590	TOLAZamide 250 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
55829051110	TOLAZamide 250 mg oral tablet	9-Feb-05
56126010311	TOLAZamide 250 mg oral tablet	9-Feb-05
58016037030	TOLAZamide 250 mg oral tablet	
00009047706	TOLAZamide 500 mg oral tablet	1-Jan-01
00172298060	TOLAZamide 500 mg oral tablet	
00172298070	TOLAZamide 500 mg oral tablet	9-Feb-05
00182167901	TOLAZamide 500 mg oral tablet	2-Feb-02
00223208301	TOLAZamide 500 mg oral tablet	
00223208305	TOLAZamide 500 mg oral tablet	
00364072290	TOLAZamide 500 mg oral tablet	
00378055101	TOLAZamide 500 mg oral tablet	
00405502601	TOLAZamide 500 mg oral tablet	9-Feb-05
00686029320	TOLAZamide 500 mg oral tablet	1-Jan-03
00781194213	TOLAZamide 500 mg oral tablet	
00839701606	TOLAZamide 500 mg oral tablet	9-Feb-05
00904023640	TOLAZamide 500 mg oral tablet	
55289018797	TOLAZamide 500 mg oral tablet	
55829051210	TOLAZamide 500 mg oral tablet	9-Feb-05
00172224560	TOLBUTamide 500 mg oral tablet	1-Feb-02
00172224580	TOLBUTamide 500 mg oral tablet	
00185053501	TOLBUTamide 500 mg oral tablet	1-Jan-01
00185053510	TOLBUTamide 500 mg oral tablet	1-Jan-01
00223107601	TOLBUTamide 500 mg oral tablet	
00223107602	TOLBUTamide 500 mg oral tablet	
00378021501	TOLBUTamide 500 mg oral tablet	
00378021505	TOLBUTamide 500 mg oral tablet	
00405503101	TOLBUTamide 500 mg oral tablet	9-Feb-05
00405503103	TOLBUTamide 500 mg oral tablet	9-Feb-05
00603612121	TOLBUTamide 500 mg oral tablet	
00839625306	TOLBUTamide 500 mg oral tablet	9-Feb-05
00839625316	TOLBUTamide 500 mg oral tablet	9-Feb-05
00904022361	TOLBUTamide 500 mg oral tablet	
00904022380	TOLBUTamide 500 mg oral tablet	
51079056020	TOLBUTamide 500 mg oral tablet	
51641040501	TOLBUTamide 500 mg oral tablet	
54868136101	TOLBUTamide 500 mg oral tablet	
55829051510	TOLBUTamide 500 mg oral tablet	9-Feb-05
00026286148	acarbose 50 mg oral tablet	
00026286151	acarbose 50 mg oral tablet	
54569450100	acarbose 50 mg oral tablet	
54868382301	acarbose 50 mg oral tablet	
00026286248	acarbose 100 mg oral tablet	1-Jan-04
00026286251	acarbose 100 mg oral tablet	
00039022110	glimepiride 1 mg oral tablet	
54868441200	glimepiride 1 mg oral tablet	
00039022210	glimepiride 2 mg oral tablet	
00039022211	glimepiride 2 mg oral tablet	
54868420500	glimepiride 2 mg oral tablet	
00039022310	glimepiride 4 mg oral tablet	
00039022311	glimepiride 4 mg oral tablet	
54569445300	glimepiride 4 mg oral tablet	
54569445301	glimepiride 4 mg oral tablet	
54868420600	glimepiride 4 mg oral tablet	
68115084000	glimepiride 4 mg oral tablet	
00071035215	troglitazone 200 mg oral tablet	15-Mar-02
00071035223	troglitazone 200 mg oral tablet	15-Mar-02
00071035315	troglitazone 400 mg oral tablet	15-Mar-02
00071035323	troglitazone 400 mg oral tablet	15-Mar-02
00071035720	troglitazone 300 mg oral tablet	15-Mar-02

NDC Code	Generic Product Name	Obsolete Date
00026286351	acarbose 25 mg oral tablet	
54569454800	acarbose 25 mg oral tablet	1-Jan-03
00169008181	repaglinide 0.5 mg oral tablet	
00169008281	repaglinide 1 mg oral tablet	
00169008481	repaglinide 2 mg oral tablet	
00002821101	insulin regular pork 100 units/mL injectable solution	
00169244010	insulin regular pork 100 units/mL injectable solution	1-Jul-01
00002821001	insulin regular beef-pork 100 units/mL injectable solution	1-Nov-02
00002821501	insulin regular human recombinant 100 units/mL injectable solution	
00002821759	insulin regular human recombinant 100 units/mL injectable solution	1-Nov-02
00169004471	insulin regular human recombinant 100 units/mL injectable solution	1-Jan-04
00169007011	insulin regular human recombinant 100 units/mL injectable solution	
00169183311	insulin regular human recombinant 100 units/mL injectable solution	
00169183317	insulin regular human recombinant 100 units/mL injectable solution	
00169231321	insulin regular human recombinant 100 units/mL injectable solution	
00169347318	insulin regular human recombinant 100 units/mL injectable solution	
54569231900	insulin regular human recombinant 100 units/mL injectable solution	
54569383300	insulin regular human recombinant 100 units/mL injectable solution	
54868361900	insulin regular human recombinant 100 units/mL injectable solution	
68115070905	insulin regular human recombinant 100 units/mL injectable solution	
68115072810	insulin regular human recombinant 100 units/mL injectable solution	
00002850101	insulin regular human recombinant 500 units/mL injectable solution	
00002751001	insulin lispro 100 units/mL subcutaneous injection	
00002751559	insulin lispro 100 units/mL subcutaneous injection	
00002751659	insulin lispro 100 units/mL subcutaneous injection	
00002872559	insulin lispro 100 units/mL subcutaneous injection	
68115074610	insulin lispro 100 units/mL subcutaneous injection	
00002831001	insulin isophane beef-pork 100 units/mL subcutaneous injection	1-Nov-02
00002831101	insulin isophane pork 100 units/mL subcutaneous injection	
00169244710	insulin isophane pork 100 units/mL subcutaneous injection	1-Jul-01
00002831501	insulin isophane human recombinant 100 units/mL subcutaneous injection	
00002831759	insulin isophane human recombinant 100 units/mL subcutaneous injection	1-Nov-02
00002873059	insulin isophane human recombinant 100 units/mL subcutaneous injection	
00169004571	insulin isophane human recombinant 100 units/mL subcutaneous injection	
00169183411	insulin isophane human recombinant 100 units/mL subcutaneous injection	
00169183417	insulin isophane human recombinant 100 units/mL subcutaneous injection	
00169183418	insulin isophane human recombinant 100 units/mL subcutaneous injection	
00169231421	insulin isophane human recombinant 100 units/mL subcutaneous injection	
00169347418	insulin isophane human recombinant 100 units/mL subcutaneous injection	

<u>NDC Code</u>	<u>Generic Product Name</u>	<u>Obsolete Date</u>
54569231800	insulin isophane human recombinant 100 units/mL subcutaneous injection	
54868142901	insulin isophane human recombinant 100 units/mL subcutaneous injection	
68115072905	insulin isophane human recombinant 100 units/mL subcutaneous injection	
00002841001	insulin zinc beef-pork 100 units/mL subcutaneous injection	1-Nov-02
00002841501	insulin zinc human recombinant 100 units/mL subcutaneous injection	
00169183511	insulin zinc human recombinant 100 units/mL subcutaneous injection	31-Oct-03
54569255700	insulin zinc human recombinant 100 units/mL subcutaneous injection	
00002841101	insulin zinc pork 100 units/mL subcutaneous injection	1-Jun-05
00169244210	insulin zinc pork 100 units/mL subcutaneous injection	1-Jul-01
00002861501	insulin zinc extended human recombinant 100 units/mL subcutaneous injection	
00002871501	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
00002871759	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	1-Oct-02
00002877059	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
00169001771	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
00169183711	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
00169183717	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
00169183718	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
00169231721	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
00169347718	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
54569291800	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
54569291801	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
54569346700	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
54868274600	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
54868347400	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
59060231704	insulin isophane-insulin regular human recombinant 70 units-30 units/mL subcutaneous injection	
00002951501	insulin isophane-insulin regular human recombinant 50 units-50 units/mL subcutaneous injection	
00009501201	miglitol 25 mg oral tablet	
12280002900	miglitol 25 mg oral tablet	
00009501301	miglitol 50 mg oral tablet	
00009501401	miglitol 100 mg oral tablet	
00029315818	rosiglitazone 2 mg oral tablet	
00029335818	rosiglitazone 2 mg oral tablet	1-Jan-05
54569480100	rosiglitazone 2 mg oral tablet	
68115071260	rosiglitazone 2 mg oral tablet	
00029315913	rosiglitazone 4 mg oral tablet	
00029315918	rosiglitazone 4 mg oral tablet	
00029315920	rosiglitazone 4 mg oral tablet	
12280006200	rosiglitazone 4 mg oral tablet	
49999030430	rosiglitazone 4 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
54569480200	rosiglitazone 4 mg oral tablet	
54868419800	rosiglitazone 4 mg oral tablet	
57866006908	rosiglitazone 4 mg oral tablet	
00029316013	rosiglitazone 8 mg oral tablet	
00029316020	rosiglitazone 8 mg oral tablet	
12280007830	rosiglitazone 8 mg oral tablet	
54569480300	rosiglitazone 8 mg oral tablet	
54868422100	rosiglitazone 8 mg oral tablet	
66105014603	rosiglitazone 8 mg oral tablet	
68115068430	rosiglitazone 8 mg oral tablet	
12280006030	pioglitazone 15 mg oral tablet	
54569488000	pioglitazone 15 mg oral tablet	
54868434300	pioglitazone 15 mg oral tablet	
64764015104	pioglitazone 15 mg oral tablet	
64764015105	pioglitazone 15 mg oral tablet	
64764015106	pioglitazone 15 mg oral tablet	
54569488100	pioglitazone 30 mg oral tablet	
54868435400	pioglitazone 30 mg oral tablet	
64764030114	pioglitazone 30 mg oral tablet	
64764030115	pioglitazone 30 mg oral tablet	
64764030116	pioglitazone 30 mg oral tablet	
68115067130	pioglitazone 30 mg oral tablet	
54569488200	pioglitazone 45 mg oral tablet	
54868439100	pioglitazone 45 mg oral tablet	
64764045124	pioglitazone 45 mg oral tablet	
64764045125	pioglitazone 45 mg oral tablet	
64764045126	pioglitazone 45 mg oral tablet	
68115084130	pioglitazone 45 mg oral tablet	
00049162030	glipiZIDE 2.5 mg oral tablet, extended release	
54868442000	glipiZIDE 2.5 mg oral tablet, extended release	
59762503101	glipiZIDE 2.5 mg oral tablet, extended release	
62037087130	glipiZIDE 2.5 mg oral tablet, extended release	
00002879359	insulin lispro-insulin lispro protamine 50 units-50 units/mL subcutaneous suspension	
00002751101	insulin lispro-insulin lispro protamine 25 units-75 units/mL subcutaneous suspension	
00002879459	insulin lispro-insulin lispro protamine 25 units-75 units/mL subcutaneous suspension	
54868438100	insulin lispro-insulin lispro protamine 25 units-75 units/mL subcutaneous suspension	
64909010407	glyBURIDE micronized 4.5 mg oral tablet	9-Feb-05
00088222033	insulin glargine 100 units/mL subcutaneous solution	
00088222052	insulin glargine 100 units/mL subcutaneous solution	
54868462600	insulin glargine 100 units/mL subcutaneous solution	
68115083910	insulin glargine 100 units/mL subcutaneous solution	
00169330312	insulin aspart 100 units/mL subcutaneous solution	
00169633910	insulin aspart 100 units/mL subcutaneous solution	
00169750111	insulin aspart 100 units/mL subcutaneous solution	
00087607211	glyBURIDE-metformin 1.25 mg-250 mg oral tablet	
00093726001	glyBURIDE-metformin 1.25 mg-250 mg oral tablet	
00172571010	glyBURIDE-metformin 1.25 mg-250 mg oral tablet	
00172571060	glyBURIDE-metformin 1.25 mg-250 mg oral tablet	
00172571070	glyBURIDE-metformin 1.25 mg-250 mg oral tablet	

NDC Code	Generic Product Name	Obsolete Date
00172571084	glyBURIDE-metformin 1.25 mg-250 mg oral tablet	
00781517001	glyBURIDE-metformin 1.25 mg-250 mg oral tablet	
49884096705	glyBURIDE-metformin 1.25 mg-250 mg oral tablet	
00087607311	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
00093726101	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
00093726105	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
00172571110	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
00172571160	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
00172571170	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
00172571188	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
00781517101	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
12280002600	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
49884096701	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
49884096801	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
49884096805	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
68115015860	glyBURIDE-metformin 2.5 mg-500 mg oral tablet	
00087607411	glyBURIDE-metformin 5 mg-500 mg oral tablet	
00093726201	glyBURIDE-metformin 5 mg-500 mg oral tablet	
00093726205	glyBURIDE-metformin 5 mg-500 mg oral tablet	
00172571210	glyBURIDE-metformin 5 mg-500 mg oral tablet	
00172571260	glyBURIDE-metformin 5 mg-500 mg oral tablet	
00172571270	glyBURIDE-metformin 5 mg-500 mg oral tablet	
00781517201	glyBURIDE-metformin 5 mg-500 mg oral tablet	
12280002700	glyBURIDE-metformin 5 mg-500 mg oral tablet	
49884096901	glyBURIDE-metformin 5 mg-500 mg oral tablet	
49884096905	glyBURIDE-metformin 5 mg-500 mg oral tablet	
57866799101	glyBURIDE-metformin 5 mg-500 mg oral tablet	
00078035105	nateglinide 60 mg oral tablet	
00078035205	nateglinide 120 mg oral tablet	
00007316618	metformin-rosiglitazone 500 mg-1 mg oral tablet	
00007316620	metformin-rosiglitazone 500 mg-1 mg oral tablet	23-Jun-05
00007316718	metformin-rosiglitazone 500 mg-2 mg oral tablet	
00007316720	metformin-rosiglitazone 500 mg-2 mg oral tablet	23-Jun-05
68115089160	metformin-rosiglitazone 500 mg-2 mg oral tablet	
00007316818	metformin-rosiglitazone 500 mg-4 mg oral tablet	
00007316820	metformin-rosiglitazone 500 mg-4 mg oral tablet	23-Jun-05
12280000460	metformin-rosiglitazone 500 mg-4 mg oral tablet	
00087607731	glipiZIDE-metformin 2.5 mg-500 mg oral tablet	
00087607831	glipiZIDE-metformin 5 mg-500 mg oral tablet	
00087608131	glipiZIDE-metformin 2.5 mg-250 mg oral tablet	
00169368213	insulin aspart-insulin aspart protamine 30 units-70 units/mL subcutaneous suspension	
00169368512	insulin aspart-insulin aspart protamine 30 units-70 units/mL subcutaneous suspension	
00169369619	insulin aspart-insulin aspart protamine 30 units-70 units/mL subcutaneous suspension	
00007316318	metformin-rosiglitazone 1000 mg-2 mg oral tablet	
00007316418	metformin-rosiglitazone 1000 mg-4 mg oral tablet	
12280000360	metformin-rosiglitazone 1000 mg-4 mg oral tablet	
66780011001	pramlintide 0.6 mg/mL subcutaneous solution	
66780021007	exenatide 250 mcg/mL subcutaneous solution	
66780021008	exenatide 250 mcg/mL subcutaneous solution	
54868382300	ACARBOSE, 25MG, TABLET	
52765107600	CHLORPROPAMIDE, 250MG, TABLET	
55288125201	CHLORPROPAMIDE, 250MG, TABLET	

Mental Health Mandate

<u>List ID</u>	<u>List Description</u>	<u>Values</u>
MENT_1	Mental Health Diagnosis Codes	290.0, 290.10, 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41, 290.42, 290.43, 293.0, 293.81, 293.82, 293.83, 294.10, 294.11, 294.8, 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95, 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.10, 296.11, 296.12, 296.13, 296.14, 296.15, 296.16, 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80, 296.81, 296.82, 296.89, 296.90, 296.99, 297.0, 297.1, 297.3, 297.8, 297.9, 298.0, 298.1, 298.3, 298.4, 298.8, 298.9, 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91, 300.01, 300.21, 300.3, 300.4, 301.13, 307.59, 311, 780.09
MENT_2	Mental Health Revenue Codes	114, 0114, 0116, 116, 0124, 124, 0126, 126, 0134, 134, 0136, 136, 0144, 144, 0146, 146, 0154, 154, 0156, 156, 0204, 204, 0513, 513, 0900, 900, 0901, 901, 0902, 902, 0903, 903, 0904, 904, 0909, 909, 0910, 910, 0911, 911, 0912, 912, 0913, 913, 0914, 914, 0915, 915, 0916, 916, 0917, 917, 0918, 918, 0919, 919, 0944, 944, 0945, 945, 0961, 961
MENT_3	Mental Health Procedure Codes other than E&M codes	90801, 90802, 99058, 96101-96102, 96103, 96116-96118, 96119-96120, 90862, 90805-90811, 90804-90810, 90806-90812, 90807-90813, 90808-90814, 90809-90815, 90846-90847, 90853, 90816-90817, 90823-90824, 90818-90819, 90826-90827, 99222, 90821-90822, 90828-90829
MENT_4	Mental Health E&M Procedure Codes	99341-99342, 99343-99344, 99347-99348, 99349-99350, 99304-99305, 99318, 99306, 99307-99308, 99309-99310, 99252-99253, 99254-99255, 99261, 99221-99231, 99232-99233, 99222, 99223, 99234-99235, 99236, 99238-99239

Speech & Audiology Mandate Diagnoses

141.0	150.0	299.01	324.7	359.9	435.7
141.1	150.1	299.1	324.8	430	435.8
141.2	150.2	299.8	324.9	431	435.9
141.3	150.3	310.2	330.0	432.0	436
141.4	150.4	320.0	330.1	432.1	437.0
141.5	150.5	320.1	330.2	432.2	437.1
141.6	150.6	320.2	330.3	432.3	437.2
141.7	150.7	320.3	330.4	432.4	437.3
141.8	150.8	320.4	330.5	432.5	437.4
141.9	150.9	320.5	330.6	432.6	437.5
145.0	161.0	320.6	330.7	432.7	437.6
145.1	161.1	320.7	330.8	432.8	437.7
145.2	161.2	320.8	330.8	432.9	437.8
145.3	161.3	320.9	330.9	433.00	437.9
145.4	161.4	321.0	331.3	433.01	438.81
145.5	161.5	321.1	331.4	433.10	438.82
145.6	161.6	321.2	335.0	433.11	476.0
145.7	161.7	321.3	335.1	433.20	478.0
145.8	161.8	321.4	335.2	433.21	478.1
145.9	161.9	321.5	335.3	433.30	478.2
146.0	191.0	321.6	335.4	433.31	478.3
146.1	191.1	321.7	335.5	433.40	478.3
146.2	191.2	321.8	335.6	433.41	478.4
146.3	191.3	322.0	335.7	433.50	478.4
146.4	191.4	322.1	335.8	433.51	478.5
146.5	191.5	322.2	335.9	433.60	478.6
146.6	191.6	322.3	340	433.61	478.6
146.7	191.7	322.4	343.0	433.70	478.7
146.8	191.8	322.5	343.1	433.71	478.8
146.9	191.9	322.6	343.2	433.80	478.9
147.0	192.0	322.7	343.3	433.81	742.9
147.1	192.1	322.8	343.4	433.90	749.00
147.2	195.0	322.9	343.5	433.91	749.01
147.3	210.0	323.0	343.6	434.0	749.02
147.4	210.1	323.1	343.7	434.1	749.03
147.5	210.2	323.2	343.8	434.2	749.04
147.6	210.3	323.3	343.9	434.3	749.10
147.7	210.4	323.4	348.1	434.4	749.11
147.8	210.5	323.5	348.3	434.5	749.12
147.9	210.6	323.6	348.30	434.6	749.13
149.0	210.7	323.7	348.4	434.7	749.14
149.1	210.8	323.8	359.0	434.8	749.20
149.2	210.9	323.9	359.1	434.9	749.21
149.3	212.1	324.0	359.2	435.0	749.22
149.4	225.0	324.1	359.3	435.1	749.23
149.5	225.1	324.2	359.4	435.2	749.24
149.6	225.2	324.3	359.5	435.3	749.25
149.7	228.02	324.4	359.6	435.4	758.0
149.8	239.6	324.5	359.7	435.5	759.5
149.9	299.0	324.6	359.8	435.6	780.01

784.3	800.60	801.22	801.84	803.46	804.10
787.2	800.61	801.23	801.85	803.49	804.11
800.00	800.62	801.24	801.86	803.50	804.12
800.01	800.63	801.25	801.89	803.51	804.13
800.02	800.64	801.26	801.90	803.52	804.14
800.03	800.65	801.29	801.91	803.53	804.15
800.04	800.66	801.30	801.92	803.54	804.16
800.05	800.69	801.31	801.93	803.55	804.19
800.06	800.70	801.32	801.94	803.56	804.20
800.09	800.71	801.33	801.95	803.59	804.21
800.10	800.72	801.34	801.96	803.60	804.22
800.11	800.73	801.35	801.99	803.61	804.23
800.12	800.74	801.36	803.00	803.62	804.24
800.13	800.75	801.39	803.01	803.63	804.25
800.14	800.76	801.40	803.02	803.64	804.26
800.15	800.79	801.41	803.03	803.65	804.29
800.16	800.80	801.42	803.04	803.66	804.30
800.19	800.81	801.43	803.05	803.69	804.31
800.20	800.82	801.44	803.06	803.70	804.32
800.21	800.83	801.45	803.09	803.71	804.33
800.22	800.84	801.46	803.10	803.72	804.34
800.23	800.85	801.49	803.11	803.73	804.35
800.24	800.86	801.50	803.12	803.74	804.36
800.25	800.89	801.51	803.13	803.75	804.39
800.26	800.90	801.52	803.14	803.76	804.40
800.29	800.91	801.53	803.15	803.79	804.41
800.30	800.92	801.54	803.16	803.80	804.42
800.31	800.93	801.55	803.19	803.81	804.43
800.32	800.94	801.56	803.20	803.82	804.44
800.33	800.95	801.59	803.21	803.83	804.45
800.34	800.96	801.60	803.22	803.84	804.46
800.35	800.99	801.61	803.23	803.85	804.49
800.36	801.00	801.62	803.24	803.86	804.50
800.39	801.01	801.63	803.25	803.87	804.51
800.40	801.02	801.64	803.26	803.90	804.52
800.41	801.03	801.65	803.29	803.91	804.53
800.42	801.04	801.66	803.30	803.92	804.54
800.43	801.05	801.69	803.31	803.93	804.55
800.44	801.06	801.70	803.32	803.94	804.56
800.45	801.09	801.71	803.33	803.95	804.59
800.46	801.10	801.72	803.34	803.96	804.60
800.49	801.11	801.73	803.35	803.99	804.61
800.50	801.12	801.74	803.36	804.00	804.62
800.51	801.13	801.75	803.39	804.01	804.63
800.52	801.14	801.76	803.40	804.02	804.64
800.53	801.15	801.79	803.41	804.03	804.65
800.54	801.16	801.80	803.42	804.04	804.66
800.55	801.19	801.81	803.43	804.05	804.69
800.56	801.20	801.82	803.44	804.06	804.70
800.59	801.21	801.83	803.45	804.09	804.71

804.72	850.33	851.26	851.90	852.52
804.73	850.34	851.29	851.91	852.53
804.74	850.35	851.30	851.92	852.54
804.75	850.36	851.31	851.93	852.55
804.76	850.39	851.32	851.94	852.56
804.79	850.40	851.33	851.95	852.59
804.80	850.41	851.34	851.96	853.00
804.81	850.42	851.35	851.99	853.01
804.82	850.43	851.36	852.00	853.02
804.83	850.44	851.39	852.01	853.03
804.84	850.45	851.40	852.02	853.04
804.85	850.46	851.41	852.03	853.05
804.86	850.49	851.42	852.04	853.06
804.89	850.50	851.43	852.05	853.09
804.90	850.51	851.44	852.06	853.10
804.91	850.52	851.45	852.09	853.11
804.92	850.53	851.46	852.10	853.12
804.93	850.54	851.49	852.11	853.13
804.94	850.55	851.50	852.12	853.14
804.95	850.56	851.51	852.13	853.15
804.96	850.90	851.52	852.14	853.16
804.99	850.91	851.53	852.15	853.19
850.00	850.92	851.54	852.16	854.00
850.01	850.93	851.55	852.19	854.01
850.02	850.94	851.56	852.20	854.02
850.03	850.95	851.59	852.21	854.03
850.04	850.96	851.60	852.22	854.04
850.05	850.99	851.61	852.23	854.05
850.06	851.00	851.62	852.24	854.06
850.09	851.01	851.63	852.25	854.09
850.09	851.02	851.64	852.26	854.10
850.10	851.03	851.65	852.29	854.11
850.11	851.04	851.66	852.30	854.12
850.12	851.05	851.69	852.31	854.13
850.13	851.06	851.70	852.32	854.14
850.14	851.09	851.71	852.33	854.15
850.15	851.10	851.72	852.34	854.16
850.16	851.11	851.73	852.35	854.19
850.19	851.12	851.74	852.36	
850.20	851.13	851.75	852.39	
850.21	851.14	851.76	852.40	
850.22	851.15	851.79	852.41	
850.23	851.16	851.80	852.42	
850.24	851.19	851.81	852.43	
850.25	851.20	851.82	852.44	
850.26	851.21	851.83	852.45	
850.29	851.22	851.84	852.46	
850.30	851.23	851.85	852.49	
850.31	851.24	851.86	852.50	
850.32	851.25	851.89	852.51	

Infertility Mandate

<u>NDC Code</u>	<u>Generic Product Name</u>
55566850502	Urofollitropin Purified For Inj 75 Unit
55566850506	Urofollitropin Purified For Inj 75 Unit
00314061870	Chorionic Gonadotropin For Inj 10000 Unit
63323002510	Chorionic Gonadotropin For Inj 10000 Unit
54569266000	Chorionic Gonadotropin For Inj 10000 Unit
44087707501	Urofollitropin Purified For Subcutaneous Inj 75 Unit
44087707503	Urofollitropin Purified For Subcutaneous Inj 75 Unit
44087715001	Urofollitropin Purified For Subcutaneous Inj 150 Unit
00052030631	Follitropin Beta For Inj 75 Unit
00052030802	Follitropin Beta Inj 75 Unit/0.5ML
00052030902	Follitropin Beta Inj 150 Unit/0.5ML
00052031301	Follitropin Beta Inj 300 Unit/0.36ML
00052031601	Follitropin Beta Inj 600 Unit/0.72ML
00052032601	Follitropin Beta Inj 900 Unit/1.08ML
44087120001	Follitropin Alfa For Inj Kit 600 Unit/ML (1200 Unit)
44087903001	Follitropin Alfa For Inj 450 Unit
44087907501	Follitropin Alfa For Inj 75 Unit
44087907503	Follitropin Alfa For Inj 75 Unit
44087915001	Follitropin Alfa For Inj 150 Unit
44087937501	Follitropin Alfa For Inj 37.5 Unit
44087937503	Follitropin Alfa For Inj 37.5 Unit
44087900501	Follitropin Alfa For Inj 75 Unit
44087900506	Follitropin Alfa For Inj 75 Unit
44087111201	Follitropin Alfa Inj 300 Unit/0.5ML
44087111301	Follitropin Alfa Inj 300 Unit/0.5ML
44087111401	Follitropin Alfa Inj 300 Unit/0.5ML
44087137501	Lutropin Alfa For Subcutaneous Inj 75 Unit
55566750102	Menotropins For Subcutaneous Inj 75 Unit
55566150101	Chorionic Gonadotropin For Inj 10000 Unit
44087025001	Choriogonadotropin Alfa For Inj 250 MCG
44087115001	Choriogonadotropin Alfa Inj 250 MCG/0.5ML
44087057107	Menotropins For Intramuscular Inj 75 Unit
44087507503	Menotropins For Intramuscular Inj 75 Unit
00052031510	Chorionic Gonadotropin For Inj 10000 Unit
54868499700	Chorionic Gonadotropin For Inj 10000 Unit
54868391000	Chorionic Gonadotropin For Inj 10000 Unit
44087800503	Chorionic Gonadotropin For Inj 5000 Unit
54569198600	Chorionic Gonadotropin For Inj 10000 Unit
44087801003	Chorionic Gonadotropin For Inj 10000 Unit
55566718502	Menotropins For Inj 75 Unit
00068022630	Clomiphene Citrate Tab 50 MG
00093004103	Clomiphene Citrate Tab 50 MG
00093004156	Clomiphene Citrate Tab 50 MG
00591078130	Clomiphene Citrate Tab 50 MG
38779039003	Clomiphene Citrate Powder
38779039004	Clomiphene Citrate Powder
38779039006	Clomiphene Citrate Powder
49452214601	Clomiphene Citrate Powder

<u>NDC Code</u>	<u>Generic Product Name</u>
49452214602	Clomiphene Citrate Powder
49452214603	Clomiphene Citrate Powder
49452214604	Clomiphene Citrate Powder
49884070154	Clomiphene Citrate Tab 50 MG
49884070155	Clomiphene Citrate Tab 50 MG
51927180800	Clomiphene Citrate Powder
54348095005	Clomiphene Citrate Tab 50 MG
54348095010	Clomiphene Citrate Tab 50 MG
54348095015	Clomiphene Citrate Tab 50 MG
54348095020	Clomiphene Citrate Tab 50 MG
54569494300	Clomiphene Citrate Tab 50 MG
54868305900	Clomiphene Citrate Tab 50 MG
54868305901	Clomiphene Citrate Tab 50 MG
55887031005	Clomiphene Citrate Tab 50 MG
55887031010	Clomiphene Citrate Tab 50 MG
55887031030	Clomiphene Citrate Tab 50 MG
62584022410	Clomiphene Citrate Tab 50 MG
63275996402	Clomiphene Citrate Powder
63275996404	Clomiphene Citrate Powder
63275996405	Clomiphene Citrate Powder
63275996409	Clomiphene Citrate Powder
44087809001	Clomiphene Citrate Tab 50 MG
44087809006	Clomiphene Citrate Tab 50 MG
00025016608	Nafarelin Acetate Nasal Soln 2 MG/ML
55592050001	Histrelin Acetate Implant Kit 50 MG
44087120301	Cetrorelix Acetate For Inj Kit 3 MG
44087122501	Cetrorelix Acetate For Inj Kit 0.25 MG
00052030151	Ganirelix Acetate Inj 250 MCG/0.5ML
00052030161	Ganirelix Acetate Inj 250 MCG/0.5ML

Contraception Mandate

NDC Code	Generic Product Name
00555071558	Norethindrone Tab 0.35 MG
54868481400	Norethindrone Tab 0.35 MG
55887031528	Norethindrone Tab 0.35 MG
00555034458	Norethindrone Tab 0.35 MG
52544089228	Norethindrone Tab 0.35 MG
52544062928	Norethindrone Tab 0.35 MG
52544023528	Norethindrone Tab 0.35 MG
54868471200	Norethindrone Tab 0.35 MG
00062141116	Norethindrone Tab 0.35 MG
54868436900	Norethindrone Tab 0.35 MG
00008006201	Norgestrel Tab 0.075 MG
00008006202	Norgestrel Tab 0.075 MG
00009074630	Medroxyprogesterone Acetate IM Susp 150 MG/ML
00009074635	Medroxyprogesterone Acetate IM Susp 150 MG/ML
00009737604	Medroxyprogesterone Acetate IM Susp 150 MG/ML
00247059101	Medroxyprogesterone Acetate IM Susp 150 MG/ML
54569370100	Medroxyprogesterone Acetate IM Susp 150 MG/ML
54569490400	Medroxyprogesterone Acetate IM Susp 150 MG/ML
54569552700	Medroxyprogesterone Acetate IM Susp 150 MG/ML
54868361300	Medroxyprogesterone Acetate IM Susp 150 MG/ML
54868410000	Medroxyprogesterone Acetate IM Susp 150 MG/ML
54868410001	Medroxyprogesterone Acetate IM Susp 150 MG/ML
00009470901	Medroxyprogesterone Acetate Subcutaneous Susp 104 MG/0.65ML
00703680101	Medroxyprogesterone Acetate IM Susp 150 MG/ML
00703680104	Medroxyprogesterone Acetate IM Susp 150 MG/ML
00703681121	Medroxyprogesterone Acetate IM Susp 150 MG/ML
54868525700	Medroxyprogesterone Acetate IM Susp 150 MG/ML
59762453701	Medroxyprogesterone Acetate IM Susp 150 MG/ML
59762453702	Medroxyprogesterone Acetate IM Susp 150 MG/ML
50419042101	Levonorgestrel Releasing IUD 20 MCG/24HR (52 MG Total)
51285003893	Levonorgestrel Tab 0.75 MG
54569534300	Levonorgestrel Tab 0.75 MG
54868489400	Levonorgestrel Tab 0.75 MG
55045283902	Levonorgestrel Tab 0.75 MG
64836000001	Levonorgestrel Tab 0.75 MG
63955001001	Levonorgest-Eth Estradiol Tab 0.25-0.05 MG w/ Preg Test Kit
00062192001	Norelgestromin-Ethinyl Estradiol TD PTWK 150-20 MCG/24HR
00062192015	Norelgestromin-Ethinyl Estradiol TD PTWK 150-20 MCG/24HR
54569541300	Norelgestromin-Ethinyl Estradiol TD PTWK 150-20 MCG/24HR
54868467000	Norelgestromin-Ethinyl Estradiol TD PTWK 150-20 MCG/24HR
00052027301	Etonogestrel-Ethinyl Estradiol VA Ring 0.120-0.015 MG/24HR
54868483200	Etonogestrel-Ethinyl Estradiol VA Ring 0.120-0.015 MG/24HR
54868395100	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
00008257601	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
00008257602	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
00555904358	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
51285057628	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
54868475400	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
55887031328	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG

NDC Code	Generic Product Name
00555904558	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
51285001728	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
54868535600	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
55887031228	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
52544025428	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG
00555904958	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
51285054628	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
54868485100	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
00025015107	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
00025016109	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
00025016124	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
00025016184	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
54569067300	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
54868040400	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
00025007107	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG
00025007124	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG
00025008109	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG
00025008124	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG
00025008184	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG
54868379000	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG
00052026106	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
54569422201	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
54868386300	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
00555902757	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG
00555902542	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG
00555902557	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG
00555902858	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG
55887034028	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG
00555902658	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
54868532600	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
55887034128	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
00555905058	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)
54868474200	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)
55887031128	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)
00555906467	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
00555901458	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
00555901467	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
50419041112	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
50419041128	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
54569384400	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
54868156400	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
50419040803	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
54569471000	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
54868436800	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
52544027928	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
54868460700	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
00247100421	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
55289024608	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
00008007801	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG

NDC Code	Generic Product Name
00008007802	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
00008251401	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
00008251402	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
00008251403	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
00247100328	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
54569067900	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
54868042800	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
00071091648	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG
51285008297	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG
00071091548	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG
51285007997	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG
00071091745	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG
00071091748	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG
51285008370	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG
51285008498	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG
54868050200	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG
00071091345	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
00071091348	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
51285008070	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
51285008198	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
54569325401	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
54868151200	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
52544084728	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
54569499800	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
54868485000	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG
52544094928	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG
52544095021	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG
52544095121	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG
52544063028	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG
52544063128	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG
54868474500	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG
00052028106	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)
00052028148	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)
54569489000	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)
54868473100	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)
00062171415	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG
54868052500	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG
52544052628	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG
52544055028	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG
54569535800	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG
54868453800	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG
52544055228	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
54569499900	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
54868404500	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
52544055628	Norethindrone & Mestranol Tab 1 MG-50 MCG
55289024708	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
00008007501	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
00008007502	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
00008253301	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG

NDC Code	Generic Product Name
00008253302	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
51285009158	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
54868050700	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
52544025928	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
54868044200	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
52544026528	Norethindrone & Mestranol Tab 1 MG-50 MCG
52544026531	Norethindrone & Mestranol Tab 1 MG-50 MCG
00555900858	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG
00555900867	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG
00555900942	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
00555900957	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
00555901058	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
54868477600	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
55887031728	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
52544084828	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
55887031628	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
54868270100	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
00062179615	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
00062190115	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG
54569427300	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG
54569427301	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG
54868260600	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG
00062176115	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
00062176120	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
54569068501	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
54868044300	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG
00062133215	Norethindrone & Mestranol Tab 1 MG-50 MCG
00062133220	Norethindrone & Mestranol Tab 1 MG-50 MCG
00430058014	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG
00430058214	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG
54868050901	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG
00430058514	Norethindrone & Ethinyl Estradiol Tab 1 MG-50 MCG
54868377200	Norethindrone & Ethinyl Estradiol Tab 1 MG-50 MCG
52959046004	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
54348077004	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
54348077006	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
55289024504	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
00008005601	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
00008005602	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
00008251101	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
00008251102	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
54868127600	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG
00555902058	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
00093531628	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG
00093531681	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG
52544095428	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
66993061128	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG
00555901658	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG
54868482800	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG

NDC Code	Generic Product Name
50419040203	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG
54569534900	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG
54868459000	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG
52544038328	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
54569481700	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
54868424000	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG
52544038428	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG
54868477800	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG
52544055428	Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11)
00062177115	Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11)
00555906658	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG
00555906667	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG
66993061528	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG
00052028306	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG
54868491100	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG
00555904758	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
51285051428	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
54868486000	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
55887031428	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
00071092815	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG
00071092847	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG
00430057014	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG
54868394800	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG
52544021928	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG
52544093628	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
00555901258	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
54868528600	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
00062190315	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG
00062190320	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG
54569426900	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG
54868409300	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG
00062125115	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG
00062125120	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG
54569549300	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG
54569549302	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG
54868473000	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG
54868050800	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
00062178115	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
00062178120	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
00062178122	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
54569068900	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
54569068901	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
54868050801	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG
50419043303	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
50419043306	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
54868332800	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
55289025708	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
50419043312	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
52544093528	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG

NDC Code	Generic Product Name
52544027428	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG
55289025508	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
00008253501	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
00008253505	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
00008253601	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
00008253605	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
54868051801	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
00093531528	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG
00093531581	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG
00555901858	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG
54569555100	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG
54868502800	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG
52544029128	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
54569511500	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
54868423900	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG
00555905158	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG
00555905167	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG
54868503100	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG

Hormone Replacement Therapy Mandate

<u>NDC Code</u>	<u>Generic Product Name</u>
52544047108	Estradiol TD Patch Biweekly 0.05 MG/24HR
52544047208	Estradiol TD Patch Biweekly 0.075 MG/24HR
52544047308	Estradiol TD Patch Biweekly 0.1 MG/24HR
52544088408	Estradiol TD Patch Biweekly 0.025 MG/24HR
55887030208	Estradiol TD Patch Biweekly 0.1 MG/24HR
55887030304	Estradiol TD Patch Biweekly 0.075 MG/24HR
55887030404	Estradiol TD Patch Biweekly 0.05 MG/24HR
51285044102	Estrogens, Conjugated Synthetic A Tab 0.3 MG
51285044202	Estrogens, Conjugated Synthetic A Tab 0.625 MG
51285044205	Estrogens, Conjugated Synthetic A Tab 0.625 MG
51285044302	Estrogens, Conjugated Synthetic A Tab 0.9 MG
51285044305	Estrogens, Conjugated Synthetic A Tab 0.9 MG
51285044402	Estrogens, Conjugated Synthetic A Tab 1.25 MG
51285044405	Estrogens, Conjugated Synthetic A Tab 1.25 MG
51285044602	Estrogens, Conjugated Synthetic A Tab 0.45 MG
54868487900	Estrogens, Conjugated Synthetic A Tab 0.625 MG
54868541500	Estrogens, Conjugated Synthetic A Tab 0.45 MG
54868541501	Estrogens, Conjugated Synthetic A Tab 0.45 MG
55887030530	Estrogens, Conjugated Synthetic A Tab 1.25 MG
55887030560	Estrogens, Conjugated Synthetic A Tab 1.25 MG
55887030590	Estrogens, Conjugated Synthetic A Tab 1.25 MG
55887030630	Estrogens, Conjugated Synthetic A Tab 0.625 MG
55887030660	Estrogens, Conjugated Synthetic A Tab 0.625 MG
55887030690	Estrogens, Conjugated Synthetic A Tab 0.625 MG
55887030730	Estrogens, Conjugated Synthetic A Tab 0.9 MG
55887030760	Estrogens, Conjugated Synthetic A Tab 0.9 MG
55887030790	Estrogens, Conjugated Synthetic A Tab 0.9 MG
50419045104	Estradiol TD Patch Weekly 0.05 MG/24HR
50419045204	Estradiol TD Patch Weekly 0.1 MG/24HR
50419045304	Estradiol TD Patch Weekly 0.075 MG/24HR
50419045404	Estradiol TD Patch Weekly 0.025 MG/24HR
50419045604	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)
50419045904	Estradiol TD Patch Weekly 0.06 MG/24HR
54868408900	Estradiol TD Patch Weekly 0.05 MG/24HR
54868424100	Estradiol TD Patch Weekly 0.1 MG/24HR
54868490000	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)
54868490100	Estradiol TD Patch Weekly 0.06 MG/24HR
54868500800	Estradiol TD Patch Weekly 0.025 MG/24HR
61570018001	Estradiol Valerate IM in Oil 10 MG/ML
61570018101	Estradiol Valerate IM in Oil 20 MG/ML
61570018201	Estradiol Valerate IM In Oil 40 MG/ML
00009027101	Estradiol Cypionate IM in Oil 5 MG/ML
54569258000	Estradiol Cypionate IM in Oil 5 MG/ML
54868172900	Estradiol Cypionate IM in Oil 5 MG/ML
64248031001	Estradiol TD Patch Biweekly 0.025 MG/24HR
64248032001	Estradiol TD Patch Biweekly 0.0375 MG/24HR
64248033001	Estradiol TD Patch Biweekly 0.05 MG/24HR
64248034001	Estradiol TD Patch Biweekly 0.075 MG/24HR
64248035001	Estradiol TD Patch Biweekly 0.1 MG/24HR

<u>NDC Code</u>	<u>Generic Product Name</u>
00087075501	Estradiol Tab 1 MG
00087075548	Estradiol Tab 1 MG
00087075601	Estradiol Tab 2 MG
00430002124	Estradiol Tab 0.5 MG
00430002324	Estradiol Tab 1 MG
00430002330	Estradiol Tab 1 MG
00430002424	Estradiol Tab 2 MG
00430002430	Estradiol Tab 2 MG
54348071421	Estradiol Tab 2 MG
54348071430	Estradiol Tab 2 MG
54348071930	Estradiol Tab 1 MG
54348072330	Estradiol Tab 0.5 MG
54868049400	Estradiol Tab 1 MG
54868049401	Estradiol Tab 1 MG
54868049402	Estradiol Tab 1 MG
54868049500	Estradiol Tab 2 MG
55289010130	Estradiol Tab 1 MG
55289010150	Estradiol Tab 1 MG
55289039630	Estradiol Tab 2 MG
57866009701	Estradiol Tab 2 MG
57866399102	Estradiol Tab 1 MG
00083231001	Estradiol TD Patch Biweekly 0.05 MG/24HR
00083231008	Estradiol TD Patch Biweekly 0.05 MG/24HR
00083231062	Estradiol TD Patch Biweekly 0.05 MG/24HR
00083232001	Estradiol TD Patch Biweekly 0.1 MG/24HR
00083232008	Estradiol TD Patch Biweekly 0.1 MG/24HR
00083232062	Estradiol TD Patch Biweekly 0.1 MG/24HR
58016318201	Estradiol TD Patch Biweekly 0.05 MG/24HR
00378145201	Estradiol Tab 0.5 MG
00378145205	Estradiol Tab 0.5 MG
00378145401	Estradiol Tab 1 MG
00378145405	Estradiol Tab 1 MG
00378145801	Estradiol Tab 2 MG
00378145805	Estradiol Tab 2 MG
00378334999	Estradiol TD Patch Weekly 0.025 MG/24HR
00378335099	Estradiol TD Patch Weekly 0.05 MG/24HR
00378335199	Estradiol TD Patch Weekly 0.075 MG/24HR
00378335299	Estradiol TD Patch Weekly 0.1 MG/24HR
00555088602	Estradiol Tab 1 MG
00555088604	Estradiol Tab 1 MG
00555088702	Estradiol Tab 2 MG
00555088704	Estradiol Tab 2 MG
00555089902	Estradiol Tab 0.5 MG
00591048701	Estradiol Tab 1 MG
00591048705	Estradiol Tab 1 MG
00591048801	Estradiol Tab 2 MG
00591048805	Estradiol Tab 2 MG
00591052801	Estradiol Tab 0.5 MG
12280011000	Estradiol Tab 0.5 MG

<u>NDC Code</u>	<u>Generic Product Name</u>
38779086903	Estradiol Powder
38779086904	Estradiol Powder
38779086905	Estradiol Powder
38779086906	Estradiol Powder
49452278001	Estradiol Powder
49452278002	Estradiol Powder
49452278003	Estradiol Powder
49452278004	Estradiol Powder
49452278501	Estradiol Powder
49452278502	Estradiol Powder
49999008330	Estradiol Tab 1 MG
51285050102	Estradiol Tab 0.5 MG
51285050202	Estradiol Tab 1 MG
51285050204	Estradiol Tab 1 MG
51285050402	Estradiol Tab 2 MG
51285050404	Estradiol Tab 2 MG
51552038401	Estradiol Powder
51552038402	Estradiol Powder
51552038403	Estradiol Powder
51552038404	Estradiol Powder
51552038405	Estradiol Powder
51552038406	Estradiol Powder
51552038407	Estradiol Powder
51552038408	Estradiol Powder
51552038409	Estradiol Powder
51927177800	Estradiol Powder
51927195900	Estradiol Powder
51927360900	Estradiol Powder
52959032300	Estradiol Tab 2 MG
54569490700	Estradiol Tab 1 MG
54868403000	Estradiol Tab 1 MG
54868403001	Estradiol Tab 1 MG
54868403100	Estradiol Tab 2 MG
54868403101	Estradiol Tab 2 MG
54868403102	Estradiol Tab 2 MG
54868481100	Estradiol TD Patch Weekly 0.05 MG/24HR
54868481300	Estradiol TD Patch Weekly 0.1 MG/24HR
55045273900	Estradiol Tab 1 MG
55045285000	Estradiol Tab 2 MG
55289060307	Estradiol Tab 0.5 MG
55289060321	Estradiol Tab 0.5 MG
55289076130	Estradiol Tab 1 MG
55887026630	Estradiol Tab 0.5 MG
55887026660	Estradiol Tab 0.5 MG
55887026682	Estradiol Tab 0.5 MG
55887026690	Estradiol Tab 0.5 MG
55887030804	Estradiol TD Patch Weekly 0.05 MG/24HR
55887030904	Estradiol TD Patch Weekly 0.1 MG/24HR
55887034230	Estradiol Tab 1 MG

<u>NDC Code</u>	<u>Generic Product Name</u>
55887034260	Estradiol Tab 1 MG
55887034290	Estradiol Tab 1 MG
58864080330	Estradiol Tab 0.5 MG
58864080430	Estradiol Tab 1 MG
59772002503	Estradiol Tab 0.5 MG
59772002603	Estradiol Tab 1 MG
59772002604	Estradiol Tab 1 MG
59772002703	Estradiol Tab 2 MG
59772002704	Estradiol Tab 2 MG
62991104901	Estradiol Powder
62991104902	Estradiol Powder
62991104903	Estradiol Powder
62991104904	Estradiol Powder
62991104905	Estradiol Powder
62991119001	Estradiol Powder
62991119002	Estradiol Powder
62991119003	Estradiol Powder
63275998701	Estradiol Powder
63275998702	Estradiol Powder
63275998704	Estradiol Powder
63275998705	Estradiol Powder
63370007810	Estradiol Powder
63370007815	Estradiol Powder
63370007825	Estradiol Powder
63370007835	Estradiol Powder
63370007850	Estradiol Powder
66116043730	Estradiol Tab 0.5 MG
66116043830	Estradiol Tab 1 MG
68115038730	Estradiol Tab 1 MG
68115038760	Estradiol Tab 1 MG
68115038830	Estradiol Tab 2 MG
68115038860	Estradiol Tab 2 MG
66500032517	Estradiol Transdermal Emulsion 4.35 MG/1.74GM
38779073200	Estriol Micronized Powder
38779073201	Estriol Micronized Powder
38779073203	Estriol Micronized Powder
38779073204	Estriol Micronized Powder
38779073205	Estriol Micronized Powder
38779073206	Estriol Micronized Powder
49452279401	Estriol Micronized Powder
49452279402	Estriol Micronized Powder
49452279403	Estriol Micronized Powder
49452279404	Estriol Micronized Powder
51552038101	Estriol Micronized Powder
51552038102	Estriol Micronized Powder
51552038103	Estriol Micronized Powder
51552038104	Estriol Micronized Powder
51552038105	Estriol Micronized Powder
51552038106	Estriol Micronized Powder

<u>NDC Code</u>	<u>Generic Product Name</u>
51552038108	Estriol Micronized Powder
51552038109	Estriol Micronized Powder
51927171400	Estriol Micronized Powder
62991215901	Estriol Micronized Powder
62991215902	Estriol Micronized Powder
62991215903	Estriol Micronized Powder
62991215904	Estriol Micronized Powder
63275998501	Estriol Micronized Powder
63275998502	Estriol Micronized Powder
63275998504	Estriol Micronized Powder
63275998505	Estriol Micronized Powder
63370008010	Estriol Micronized Powder
63370008015	Estriol Micronized Powder
63370008025	Estriol Micronized Powder
63370008035	Estriol Micronized Powder
63370008050	Estriol Micronized Powder
63370008710	Estriol Micronized Powder
63370008715	Estriol Micronized Powder
63370008725	Estriol Micronized Powder
63370008735	Estriol Micronized Powder
63370008750	Estriol Micronized Powder
52047004110	Estrone IM Susp 5 MG/ML
00051102858	Estradiol Gel 0.06% (0.75 MG/1.25GM Metered-Dose Pump)
38779011601	Estrogens, Conjugated Powder
38779011603	Estrogens, Conjugated Powder
38779011606	Estrogens, Conjugated Powder
38779057201	Estrogens, Conjugated Powder
38779057203	Estrogens, Conjugated Powder
38779057206	Estrogens, Conjugated Powder
49452279301	Estrogens, Conjugated Powder
49452279302	Estrogens, Conjugated Powder
38779089103	Estrone Powder
38779089104	Estrone Powder
38779089106	Estrone Powder
49452279501	Estrone Powder
49452279502	Estrone Powder
49452279504	Estrone Powder
51552044501	Estrone Crystals
51552044502	Estrone Crystals
51552044504	Estrone Crystals
51552044507	Estrone Crystals
51552044508	Estrone Crystals
51552044509	Estrone Crystals
51927170900	Estrone Powder
62991105101	Estrone Powder
62991105102	Estrone Powder
62991105103	Estrone Powder
62991105104	Estrone Powder
63275998601	Estrone Powder

<u>NDC Code</u>	<u>Generic Product Name</u>
63275998602	Estrone Powder
63275998604	Estrone Powder
63370009010	Estrone Powder
63370009015	Estrone Powder
63370009025	Estrone Powder
63370009035	Estrone Powder
51927197800	Estrone Powder
00378455101	Estropipate Tab 0.75 MG
00378455301	Estropipate Tab 1.5 MG
00555072702	Estropipate Tab 0.75 MG
00555072802	Estropipate Tab 1.5 MG
00555072902	Estropipate Tab 3 MG
00591041401	Estropipate Tab 0.75 MG
00591041501	Estropipate Tab 1.5 MG
00591041601	Estropipate Tab 3 MG
52959032600	Estropipate Tab 0.75 MG
54868311400	Estropipate Tab 0.75 MG
54868311401	Estropipate Tab 0.75 MG
54868414900	Estropipate Tab 1.5 MG
54868414901	Estropipate Tab 1.5 MG
54868476101	Estropipate Tab 3 MG
54868476102	Estropipate Tab 3 MG
57664031408	Estropipate Tab 0.75 MG
57664031608	Estropipate Tab 1.5 MG
49452282501	Ethinyl Estradiol Powder
49452282502	Ethinyl Estradiol Powder
49452282503	Ethinyl Estradiol Powder
51927185600	Ethinyl Estradiol Powder
00430038924	Estradiol Acetate Tab 0.45 MG
00430039024	Estradiol Acetate Tab 0.9 MG
00430039124	Estradiol Acetate Tab 1.8 MG
66500015801	Estradiol Tab 1.5 MG
66500025901	Estradiol Tab 1 MG
66500074801	Estradiol Tab 2 MG
66500076801	Estradiol Tab 0.5 MG
00314064470	Estrone IM Susp 5 MG/ML
55887033430	Esterified Estrogens Tab 2.5 MG
55887033460	Esterified Estrogens Tab 2.5 MG
55887033490	Esterified Estrogens Tab 2.5 MG
61570007201	Esterified Estrogens Tab 0.3 MG
61570007301	Esterified Estrogens Tab 0.625 MG
61570007401	Esterified Estrogens Tab 1.25 MG
61570007550	Esterified Estrogens Tab 2.5 MG
50419045504	Estradiol TD Patch Weekly 14 MCG/24HR
00009377201	Estropipate Tab 0.75 MG
00009377217	Estropipate Tab 0.75 MG
00009377301	Estropipate Tab 1.5 MG
00009377317	Estropipate Tab 1.5 MG
00009377401	Estropipate Tab 3 MG

<u>NDC Code</u>	<u>Generic Product Name</u>
00009377417	Estropipate Tab 3 MG
54868126100	Estropipate Tab 1.5 MG
54868126200	Estropipate Tab 0.75 MG
54868126201	Estropipate Tab 0.75 MG
54868126202	Estropipate Tab 0.75 MG
54868365300	Estropipate Tab 3 MG
54868367200	Estropipate Tab 0.75 MG
54868367201	Estropipate Tab 0.75 MG
54868367300	Estropipate Tab 1.5 MG
54868367301	Estropipate Tab 1.5 MG
64248010101	Estropipate Tab 0.75 MG
64248010201	Estropipate Tab 1.5 MG
00046074905	Estrogens, Conjugated For Inj 25 MG
00046086481	Estrogens, Conjugated Tab 0.9 MG
00046086681	Estrogens, Conjugated Tab 1.25 MG
00046086691	Estrogens, Conjugated Tab 1.25 MG
00046086781	Estrogens, Conjugated Tab 0.625 MG
00046086791	Estrogens, Conjugated Tab 0.625 MG
00046086799	Estrogens, Conjugated Tab 0.625 MG
00046086881	Estrogens, Conjugated Tab 0.3 MG
00046086891	Estrogens, Conjugated Tab 0.3 MG
00046093681	Estrogens, Conjugated Tab 0.45 MG
00046110481	Estrogens, Conjugated Tab 1.25 MG
00046110491	Estrogens, Conjugated Tab 1.25 MG
00247024900	Estrogens, Conjugated Tab 0.9 MG
00247024930	Estrogens, Conjugated Tab 0.9 MG
00247025000	Estrogens, Conjugated Tab 1.25 MG
00247025030	Estrogens, Conjugated Tab 1.25 MG
00247025100	Estrogens, Conjugated Tab 0.625 MG
00247025130	Estrogens, Conjugated Tab 0.625 MG
00247025190	Estrogens, Conjugated Tab 0.625 MG
00247122630	Estrogens, Conjugated Tab 0.3 MG
00440817030	Estrogens, Conjugated Tab 0.625 MG
00440817060	Estrogens, Conjugated Tab 0.625 MG
00440817090	Estrogens, Conjugated Tab 0.625 MG
00440817130	Estrogens, Conjugated Tab 1.25 MG
00440817160	Estrogens, Conjugated Tab 1.25 MG
00440817190	Estrogens, Conjugated Tab 1.25 MG
00440817230	Estrogens, Conjugated Tab 0.3 MG
00440817260	Estrogens, Conjugated Tab 0.3 MG
00440817290	Estrogens, Conjugated Tab 0.3 MG
12280003900	Estrogens, Conjugated Tab 0.625 MG
49999010990	Estrogens, Conjugated Tab 0.625 MG
51655045225	Estrogens, Conjugated Tab 0.625 MG
52959022200	Estrogens, Conjugated Tab 1.25 MG
52959022300	Estrogens, Conjugated Tab 0.625 MG
52959022330	Estrogens, Conjugated Tab 0.625 MG
54348071525	Estrogens, Conjugated Tab 0.625 MG
54348071528	Estrogens, Conjugated Tab 0.625 MG

NDC Code	Generic Product Name
54348071530	Estrogens, Conjugated Tab 0.625 MG
54348072025	Estrogens, Conjugated Tab 1.25 MG
54348072030	Estrogens, Conjugated Tab 1.25 MG
54348072125	Estrogens, Conjugated Tab 0.9 MG
54569081200	Estrogens, Conjugated Tab 0.625 MG
54569081205	Estrogens, Conjugated Tab 0.625 MG
54569081301	Estrogens, Conjugated Tab 1.25 MG
54868036500	Estrogens, Conjugated Tab 0.9 MG
54868036502	Estrogens, Conjugated Tab 0.9 MG
54868036503	Estrogens, Conjugated Tab 0.9 MG
54868045100	Estrogens, Conjugated Tab 0.625 MG
54868045101	Estrogens, Conjugated Tab 0.625 MG
54868045102	Estrogens, Conjugated Tab 0.625 MG
54868045103	Estrogens, Conjugated Tab 0.625 MG
54868045106	Estrogens, Conjugated Tab 0.625 MG
54868045107	Estrogens, Conjugated Tab 0.625 MG
54868045300	Estrogens, Conjugated Tab 1.25 MG
54868045301	Estrogens, Conjugated Tab 1.25 MG
54868045302	Estrogens, Conjugated Tab 1.25 MG
54868045304	Estrogens, Conjugated Tab 1.25 MG
54868045305	Estrogens, Conjugated Tab 1.25 MG
54868045306	Estrogens, Conjugated Tab 1.25 MG
54868270200	Estrogens, Conjugated Tab 0.3 MG
54868270201	Estrogens, Conjugated Tab 0.3 MG
54868270202	Estrogens, Conjugated Tab 0.3 MG
54868270203	Estrogens, Conjugated Tab 0.3 MG
54868270204	Estrogens, Conjugated Tab 0.3 MG
54868486500	Estrogens, Conjugated Tab 0.45 MG
55289004725	Estrogens, Conjugated Tab 1.25 MG
55289004730	Estrogens, Conjugated Tab 1.25 MG
55289004742	Estrogens, Conjugated Tab 1.25 MG
55289004790	Estrogens, Conjugated Tab 1.25 MG
55289012330	Estrogens, Conjugated Tab 0.3 MG
55289094307	Estrogens, Conjugated Tab 0.625 MG
55289094325	Estrogens, Conjugated Tab 0.625 MG
55289094330	Estrogens, Conjugated Tab 0.625 MG
57866668002	Estrogens, Conjugated Tab 0.3 MG
57866668101	Estrogens, Conjugated Tab 0.625 MG
57866668102	Estrogens, Conjugated Tab 0.625 MG
57866668103	Estrogens, Conjugated Tab 0.625 MG
57866668201	Estrogens, Conjugated Tab 1.25 MG
57866668202	Estrogens, Conjugated Tab 1.25 MG
57866798701	Estrogens, Conjugated Tab 0.9 MG
57866798702	Estrogens, Conjugated Tab 0.9 MG
58016074400	Estrogens, Conjugated Tab 0.3 MG
58016074410	Estrogens, Conjugated Tab 0.3 MG
58016074412	Estrogens, Conjugated Tab 0.3 MG
58016074414	Estrogens, Conjugated Tab 0.3 MG
58016074415	Estrogens, Conjugated Tab 0.3 MG

NDC Code	Generic Product Name
58016074420	Estrogens, Conjugated Tab 0.3 MG
58016074430	Estrogens, Conjugated Tab 0.3 MG
58016094800	Estrogens, Conjugated Tab 0.625 MG
58016094810	Estrogens, Conjugated Tab 0.625 MG
58016094812	Estrogens, Conjugated Tab 0.625 MG
58016094814	Estrogens, Conjugated Tab 0.625 MG
58016094815	Estrogens, Conjugated Tab 0.625 MG
58016094820	Estrogens, Conjugated Tab 0.625 MG
58016094830	Estrogens, Conjugated Tab 0.625 MG
58016094850	Estrogens, Conjugated Tab 0.625 MG
58016098300	Estrogens, Conjugated Tab 1.25 MG
58016098310	Estrogens, Conjugated Tab 1.25 MG
58016098312	Estrogens, Conjugated Tab 1.25 MG
58016098314	Estrogens, Conjugated Tab 1.25 MG
58016098315	Estrogens, Conjugated Tab 1.25 MG
58016098320	Estrogens, Conjugated Tab 1.25 MG
58016098330	Estrogens, Conjugated Tab 1.25 MG
58864042101	Estrogens, Conjugated Tab 1.25 MG
58864042201	Estrogens, Conjugated Tab 0.625 MG
58864042228	Estrogens, Conjugated Tab 0.625 MG
66116028530	Estrogens, Conjugated Tab 0.625 MG
66267017430	Estrogens, Conjugated Tab 0.625 MG
68030668101	Estrogens, Conjugated Tab 0.625 MG
68030668102	Estrogens, Conjugated Tab 0.625 MG
68030668103	Estrogens, Conjugated Tab 0.625 MG
68030668201	Estrogens, Conjugated Tab 1.25 MG
68030798701	Estrogens, Conjugated Tab 0.9 MG
68030996001	Estrogens, Conjugated Tab 0.625 MG
68115029430	Estrogens, Conjugated Tab 1.25 MG
00083232501	Estradiol TD Patch Biweekly 0.0375 MG/24HR
00083232508	Estradiol TD Patch Biweekly 0.0375 MG/24HR
00083232601	Estradiol TD Patch Biweekly 0.05 MG/24HR
00083232608	Estradiol TD Patch Biweekly 0.05 MG/24HR
00083232701	Estradiol TD Patch Biweekly 0.075 MG/24HR
00083232708	Estradiol TD Patch Biweekly 0.075 MG/24HR
00083232801	Estradiol TD Patch Biweekly 0.1 MG/24HR
00083232808	Estradiol TD Patch Biweekly 0.1 MG/24HR
54868379500	Estradiol TD Patch Biweekly 0.05 MG/24HR
54868379600	Estradiol TD Patch Biweekly 0.1 MG/24HR
54868379700	Estradiol TD Patch Biweekly 0.075 MG/24HR
54868437100	Estradiol TD Patch Biweekly 0.0375 MG/24HR
00078034342	Estradiol TD Patch Biweekly 0.0375 MG/24HR
00078034345	Estradiol TD Patch Biweekly 0.0375 MG/24HR
00078034362	Estradiol TD Patch Biweekly 0.0375 MG/24HR
00078034442	Estradiol TD Patch Biweekly 0.05 MG/24HR
00078034445	Estradiol TD Patch Biweekly 0.05 MG/24HR
00078034462	Estradiol TD Patch Biweekly 0.05 MG/24HR
00078034542	Estradiol TD Patch Biweekly 0.075 MG/24HR
00078034545	Estradiol TD Patch Biweekly 0.075 MG/24HR

NDC Code	Generic Product Name
00078034562	Estradiol TD Patch Biweekly 0.075 MG/24HR
00078034642	Estradiol TD Patch Biweekly 0.1 MG/24HR
00078034645	Estradiol TD Patch Biweekly 0.1 MG/24HR
00078034662	Estradiol TD Patch Biweekly 0.1 MG/24HR
00078036542	Estradiol TD Patch Biweekly 0.025 MG/24HR
00078036545	Estradiol TD Patch Biweekly 0.025 MG/24HR
54569558100	Estradiol TD Patch Biweekly 0.1 MG/24HR
54868424200	Estradiol TD Patch Biweekly 0.05 MG/24HR
54868424300	Estradiol TD Patch Biweekly 0.075 MG/24HR
54868424400	Estradiol TD Patch Biweekly 0.1 MG/24HR
54868486200	Estradiol TD Patch Biweekly 0.025 MG/24HR
54868492000	Estradiol TD Patch Biweekly 0.0375 MG/24HR
15310001001	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
15310002001	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
00032102601	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
00032102610	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
54868356500	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
54868356501	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
54868356502	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
00032102301	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
54348071830	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
54868356400	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
54868356401	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
54868356402	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
00527141001	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
00527141010	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
00527140901	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
00527140910	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
51991007901	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
54868477100	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
54868477101	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
55887030030	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
55887030060	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
55887030090	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
66576023101	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG
51991007801	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
55887030130	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
55887030160	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
55887030190	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
66576023001	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG
00314078670	Estradiol Val & Testosterone Enanthate IM in Oil 4-90 MG/ML
00009517401	Estradiol & Norethindrone Acetate Tab 1-0.5 MG
00009517402	Estradiol & Norethindrone Acetate Tab 1-0.5 MG
00169517401	Estradiol & Norethindrone Acetate Tab 1-0.5 MG
00169517402	Estradiol & Norethindrone Acetate Tab 1-0.5 MG
54868483000	Estradiol & Norethindrone Acetate Tab 1-0.5 MG
50419049104	Estradiol-Levonorgestrel TD Patch Weekly 0.045-0.015 MG/DAY
00078037742	Estradiol-Norethindrone Ace TD PTTW 0.05-0.14 MG/DAY
00078037745	Estradiol-Norethindrone Ace TD PTTW 0.05-0.14 MG/DAY

NDC Code	Generic Product Name
00078037762	Estradiol-Norethindrone Ace TD PTTW 0.05-0.14 MG/DAY
00078037842	Estradiol-Norethindrone Ace TD PTTW 0.05-0.25 MG/DAY
00078037845	Estradiol-Norethindrone Ace TD PTTW 0.05-0.25 MG/DAY
00078037862	Estradiol-Norethindrone Ace TD PTTW 0.05-0.25 MG/DAY
54868483100	Estradiol-Norethindrone Ace TD PTTW 0.05-0.14 MG/DAY
00071014445	Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG
00430054414	Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG
00430054423	Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG
54868467900	Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG
00062184015	Estradiol Tab 1 MG(15)/Estrad-Norgestimate Tab 1-0.09MG(15)
51285008890	Estradiol Tab 1 MG(15)/Estrad-Norgestimate Tab 1-0.09MG(15)
54868426900	Estradiol Tab 1 MG(15)/Estrad-Norgestimate Tab 1-0.09MG(15)
61570012563	Estradiol Tab 1 MG(15)/Estrad-Norgestimate Tab 1-0.09MG(15)
00046257305	Conj Est 0.625(14)/Conj Est-Medroxypro Ac Tab 0.625-5MG(14)
00046257306	Conj Est 0.625(14)/Conj Est-Medroxypro Ac Tab 0.625-5MG(14)
54868380000	Conj Est 0.625(14)/Conj Est-Medroxypro Ac Tab 0.625-5MG(14)
00046087505	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-2.5 MG
00046087506	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-2.5 MG
00046093708	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.45-1.5 MG
00046093709	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.45-1.5 MG
00046093808	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.3-1.5 MG
00046093809	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.3-1.5 MG
00046097505	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-5 MG
00046097506	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-5 MG
54569461800	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-2.5 MG
54569492500	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-5 MG
54868379900	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-2.5 MG
54868486600	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.45-1.5 MG
54868504700	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.3-1.5 MG
58016407401	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-2.5 MG